

**State:** VermontGMCB **Filing Company:** BCBSVT  
**TOI/Sub-TOI:** ML02 Multi-Line - Other/ML02.000 Multi-Line - Other  
**Product Name:** 2024 Blue Cross VT Association Health Plan Rating Program Filing  
**Project Name/Number:** /

## Filing at a Glance

**Company:** BCBSVT  
**Product Name:** 2024 Blue Cross VT Association Health Plan Rating Program Filing  
**State:** VermontGMCB  
**TOI:** ML02 Multi-Line - Other  
**Sub-TOI:** ML02.000 Multi-Line - Other  
**Filing Type:** GMCB Trend / Admin Charge  
**Date Submitted:** 05/16/2023  
**SERFF Tr Num:** BCVT-133676244  
**SERFF Status:** Assigned  
**State Tr Num:**  
**State Status:**  
**Co Tr Num:**

**Effective**  
**Date Requested:**  
**Author(s):** Martine Brisson-Lemieux, Andrew Proulx, Matthew Goodrich, Jack Cunningham  
**Reviewer(s):** Geoffrey Battista (primary), David Dillon, Jacqueline Lee, Michael Barber, Laura Beliveau, Jennifer DaPolito

**Disposition Date:**  
**Disposition Status:**  
**Effective Date:**

**State Filing Description:**

State: VermontGMCB Filing Company: BCBSVT  
 TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other  
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## General Information

Project Name: Status of Filing in Domicile:  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
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 Submission Type: New Submission Group Market Size: Small and Large  
 Group Market Type: Association Overall Rate Impact:  
 Filing Status Changed: 05/17/2023  
 State Status Changed: Deemer Date:  
 Created By: Matthew Goodrich Submitted By: Matthew Goodrich  
 Corresponding Filing Tracking Number:

Filing Description:  
May 16, 2023

Laura Beliveau  
Staff Attorney  
Green Mountain Care Board  
144 State Street  
Montpelier, Vermont 05602

Subject:Blue Cross and Blue Shield of Vermont - NAIC # 53295  
2024 Association Health Plan Rating Program Filing

Dear Ms. Beliveau:

Attached for the Green Mountain Care Board’s review and approval is Blue Cross and Blue Shield of Vermont’s 2024 Association Health Plan Rating Program Filing. As directed by the Board, this filing combines the various factor filings for association health plan rating components (trend, large claims, benefit relativity, administrative fees and contribution to reserve, and the formula itself) into a single filing.

Please let me know if we can answer any questions or provide further information during your review.

Sincerely,

Ruth Greene

cc:Martine Lemieux/BCBSVT

## Company and Contact

### Filing Contact Information

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### Filing Company Information

BCBSVT

CoCode: 53295

State of Domicile: Vermont

PO BOX 186

Group Code:

Company Type: Hospital

Montpelier, VT 05601

Group Name:

Service Corp

(802) 371-3450 ext. [Phone]

FEIN Number: 03-0277307

State ID Number:

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## Filing Fees

### State Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

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### Rate Information

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:** Increase

**Overall Percentage of Last Rate Revision:** %

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:**

**SERFF Tracking Number of Last Filing:** BCVT-133316538

### Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
BCBSVT	7.200%	%		960	\$9,123,914	%	%

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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	2024 Blue Cross VT AHP Rating Program Filing - Actuarial Memorandum (REDACTED).pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Civil Union Rating Requirements
<b>Bypass Reason:</b>	Not required.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Filing Compliance Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	2024 Blue Cross VT AHP Rating Program Filing - Rate Filing Certification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Third Party Filing Authorization
<b>Bypass Reason:</b>	BCBSVT does not use a Third Party to submit filings.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Attachment A
<b>Comments:</b>	
<b>Attachment(s):</b>	2024 Blue Cross VT AHP Rating Program Filing - Attachment A.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	2024 Blue Cross VT AHP Rating Program Filing - Cover Letter.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

**SERFF Tracking #:**

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**Product Name:** 2024 Blue Cross VT Association Health Plan Rating Program Filing  
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<b>Satisfied - Item:</b>	Exhibits
<b>Comments:</b>	
<b>Attachment(s):</b>	2024 Blue Cross VT AHP Rating Program Filing - Exhibits (REDACTED).pdf 2024 Blue Cross VT AHP Rating Program Filing - Exhibits (REDACTED).xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	F106
<b>Comments:</b>	
<b>Attachment(s):</b>	2024 Blue Cross VT AHP Rating Program Filing - F106 Form Signed.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Plain Language Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	2024 Blue Cross VT AHP Rating Program Filing - Plain Language Summary.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	VT Rx Data Template
<b>Comments:</b>	
<b>Attachment(s):</b>	VT Rx Data Template - BCBSVT - 2024 AHP.pdf VT Rx Data Template - BCBSVT - 2024 AHP.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

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State:

VermontGMCB

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***Attachment 2024 Blue Cross VT AHP Rating Program Filing - Exhibits (REDACTED).xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VT Rx Data Template - BCBSVT - 2024 AHP.xlsx is not a PDF document and cannot be reproduced here.***

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**1. Purpose**

Blue Cross and Blue Shield of Vermont (Blue Cross VT) performs association health plan (AHP) rating on a case-by-case basis. We accomplish rating through a formulaic approach that blends recent AHP experience with a manual rate according to a credibility formula. We may adjust formula results for underwriting judgment and/or management decisions. This filing establishes the formula, manual rate, and accompanying factors that we will use to rate Pathway 1 AHPs beginning upon approval of this filing. The formula and factors in this filing apply to Pathway 1 AHPs only.

Once approved, we will use this filing for insured AHPs until superseded by a subsequent filing. In the event that we require factors with effective dates or experience periods beyond those explicitly presented in this filing, we will calculate appropriate factors using the same base data and methodology used in this filing. This filing will apply beginning with rates communicated within seven business days after the date of its approval and continuing until at most seven business days after the date of approval of the next Blue Cross VT AHP Rating Program filings. The term “communicated,” for this purpose, means a written proposal delivered to an association health plan account.

**2. Overview and Rate Impact**

**2.1. Overview**

This filing includes a description of the rating formula and the development of each of the factors used in it. Blue Cross VT projects that this filing will affect 1,454 members (960 subscribers) in one AHP. These totals are as of December 31, 2022.

We will describe in detail the formula and factors applicable to all insured association health plans. The factors in the build-up of the projected claims cost include the trend factors, benefit relativities, manual rate, and large claims factors. In addition to the projected claims cost, we will explain the calculation of administrative charges, the net cost of reinsurance, contribution to reserve, and state and federal assessments, all of which we include in the rate development.

**2.2. Historical Financial Results**

Below is the combined medical and pharmacy experience for calendar year 2021 and 2022. In 2019, Blue Cross VT had two AHPs, neither of which was a Pathway 1 AHP. The financial results of those AHPs are not relevant to this filing.

Insured Association Health Plan Experience							
Year	Incurred Claims	Administrative Charges	Earned Premium	Gain/(Loss)	Loss & Expense Ratio	Target Loss and Expense Ratio	Member Months
2021	\$8,560,484	\$1,175,528	\$10,844,842	\$1,108,830	89.8%	98.5%	18,558
2022	\$8,277,525	\$792,386	\$9,123,914	\$54,004	99.4%	98.5%	17,600

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The incurred claims, administrative expenses, and earned premium are from Blue Cross VT GAAP financials. The claims include capitations, fee-for-services claims, certain assessments, and other claims expenses.

**2.3. Impact of Formula and Factor Changes**

To compute the impact of changes to the rating formula and the various factors in this filing on AHP premium rates, we use the concept of a “pure manual premium,” which is the premium that can be developed for the manual rate base using none of their own experience data. Two renewals are developed for the manual rate base: the first renewal applies the approved factors currently in force (BCVT-133316538) with an effective date of January 1, 2023. The second renewal uses the factors and formulas detailed in this filing with a January 1, 2024 effective date. By nature of the differing effective dates, the latter renewal includes an additional year of health care cost trend.

<b>Impact of Formula and Factor Changes</b>				
<b>Renewal and Filing Year</b>	<b>2023</b>	<b>2024</b>	<b>Component Increase</b>	<b>Premium Impact</b>
Manual Claims (a)	\$700.13	\$755.25	7.9%	7.4%
Projected Rebates	-\$38.45	-\$46.92	22.0%	-1.1%
Pediatric Vision & Dental	\$1.88	\$1.68	-10.6%	0.0%
Administrative Charges	\$54.94	\$45.28	-17.6%	-1.3%
Contribution to Reserve	\$11.24	\$24.10	114.4%	1.7%
Mandates and Assessments	\$15.92	\$17.58	10.4%	0.2%
Additional Items (b)	\$3.59	\$6.39	78.1%	0.4%
<b>Total</b>	<b>\$749.25</b>	<b>\$803.37</b>		<b>7.2%</b>

(a) The manual claims increase is the change in the manual rate as described in section 6.1.

(b) Additional Items include net cost of reinsurance, hearing aids, payment reform initiative costs, and fees paid to outside vendors.

The above approach has been used to generate a proxy increase for a hypothetical AHP that is renewing with zero experience credibility, exactly average demographics and industry, and no underwriting judgment or management discretion applied to the proposed or in-force rates. The actual rate increase experienced by any specific AHP will be based on the AHP’s own circumstances, including its claims data, demographic makeup, large claims experience, and so forth.

This total 7.2 percent impact of formula and factor changes should not be interpreted as the premium increase for any specific AHP.

**3. Formula Description**

We develop rates for active and Medicare Primary subscribers separately based on their own experience. Both the formula and factors described in this filing are the same for both populations

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except where noted. We do not offer Medicare Primary rate tiers on Blue Cross VT Managed Care networks.

**Benefit-Adjusted Projected Single Claims Rate**

Exhibit 1A contains a sample calculation of the benefit-adjusted single claims rate. Page 1 of the exhibit applies to active members and page 2 applies to Medicare Primary members. For each case, we start the rating with a twelve-month experience period with at least two months of runoff<sup>1</sup>. We develop the experience rate for medical and pharmacy claims separately. We determine a pooling point based on the size of the case at the end of the runoff period and split the experience period claims (line A) into amounts above (line B) and below (referred to as capped claims, line D) the pooling point. We exclude certain COVID-19 related claims incurred through June 2021<sup>2</sup> (line C) from the development. Exhibit 6C contains a list of excluded primary diagnosis and procedure codes.

We apply completion factors (line E) developed from the monthly financial reporting process (best estimates before margin) to capped claims to produce completed capped claims (line F). We use the formula and factors described in Milliman's 2021 *Health Cost Guidelines – Reinsurance* to calculate expected claims above the pooling limit (line G). We add the expected claims above the pooling limit to the completed capped claims to produce large-claim-adjusted experience period claims. Medicare Primary members generally do not have claims near the AHP's pooling point, so we do not pool their claims.

We then multiply the large-claim-adjusted experience claims by an adjustment factor (line H) to reflect structural changes between the experience period and the rating period. This adjustment modifies the experience to reflect such things as mandated benefit changes, contractual provision changes, etc., that, in the judgment of the underwriter, are necessary to make the experience appropriate for the estimation of the expected claims in the rating period.

We divide the result (line I) by the number of member months during the experience period (line J) to produce the adjusted experience period claims per member per month (line K).

We then divide the adjusted experience period claims per member per month (PMPM) by a seasonally-adjusted benefit relativity value to neutralize any effect of seasonality and benefits on the paid claims. To determine this factor, we first determine a benefit relativity factor for each benefit plan (using the factors described in section 5) and contract tier type (single, 2-person, family, etc.). Based on the seasonal patterns observed as part of the reserving process for each calendar month, we determine seasonal factors for CDHPs and for non-CDHPs and normalize them so that they total to 12. We combine these factors to calculate seasonal benefit relativity factors for each combination of benefit plan, contract tier type, and month. We apply these factors to the number of contracts for each benefit plan, contract tier type, and month in the experience period. We total the results and divide the resultant sum by the number of member months in the experience period. We apply the seasonal factors regardless of the length of experience period, but if there is a 12-month experience period and there are no changes in benefits or enrollment, the normalization of the seasonality factors would cause the seasonal

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<sup>1</sup> For first year renewals where twelve months of experience is not available, we typically use claims incurred in nine months with no runoff.

<sup>2</sup> This corresponds with the conclusion of the state of emergency in Vermont.

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adjustment to be 1.000. This produces the average experience period seasonally-adjusted benefit relativity factor (line L).

We adjust for any change in the demographics of the AHP between the experience period and the rating period by calculating the average demographic factor for each period and applying the ratio of projection to experience (line M). We multiply the adjusted experience period claims PMPM (line K) by the demographic normalization factor and divide by the average experience period seasonally-adjusted benefit relativity factor (line L) to produce the benefit-adjusted experience period single claims rate (line N), which is the expected cost for a single contract in the experience, neutral of benefit and seasonality. We then multiply this by a trend factor (line Q, as discussed in section 4) to project the claims from the experience period to the rating period.

We blend the projected single contract rate (line R) with the adjusted manual rate (line S, as described in section 6.1) using the credibility formula described below.

We calculate the credibility factor (line T) as follows:

$$Credibility = \sqrt{\frac{Member\ Months}{Upper\ Bound}}$$

The pooling point determines the upper bound. We base the pooling limit on the AHP’s membership in the current month. Please see the abbreviated table below for details. The underwriter may apply discretion in the event the current month’s membership is not appropriate for determining a pooling limit (e.g. a significant change in enrollment due to an acquisition or layoff).

Membership (Current Months)	Pooling Point	Upper Bound Member Months
Medicare Primary		8,325
0 to 299	\$100,000	17,055
300 to 499	\$120,000	18,745
500 to 999	\$140,000	20,266

If member months are greater than the upper bound, the credibility factor will be 1. Exhibit 6A provides a complete list of upper bound member months by pooling point, while Exhibit 6B details pooling points by current month membership.

To blend the projected single contract rate with the adjusted manual rate, we use the following equation:

$$Benefit-Adjusted\ Projected\ Single\ Claims\ Rate = Projected\ Single\ Contract\ Rate \times (Credibility) + Adjusted\ Manual\ Rate \times (1 - Credibility)$$

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**Multiple Experience Periods**

Blue Cross VT uses multiple experience periods (when available) to develop the benefit-adjusted projected single claims rate. Following the methodology described above, we calculate an experience rate for the first and second year preceding the experience period. We then apply the credibility formula recursively to the residual portion of the rate. The table below provides a demonstration of the application of the credibility formula for an AHP with 50 percent credibility in each experience year.

<b>Experience Period</b>	<b>Proportion of Rate</b>
YE 202306	50.0%
YE 202206	25.0%
YE 202106	12.5%
Manual Rate	12.5%

Three years of experience is the maximum that we will use. In the absence of extenuating circumstances, all renewals will use the maximum number of years available. In the event we do not consider historical experience appropriate or reliable for rating periods (e.g., a significant change in enrollment due to an acquisition or layoff), the underwriter will use fewer years of experience and document the rationale for such a change.

Exhibit 1B provides a detailed sample calculation of the benefit-adjusted projected single claims rate using three years of experience.

If the credibility of the first year of experience is more than 66.67%, the underwriter shall develop rates using a 3-2-1 blend of experience periods and not utilize the manual rate.

**Required premium by Plan, Tier Type**

Exhibit 1C provides a sample calculation of premium. For each plan and contract tier type anticipated in the rating period, we calculate projected claims (line B1) as the product of the benefit-adjusted projected single claims rate (S) and the benefit relativity factor (as described in section 5) for the plan and contract tier (line A). For any premium components that are exclusively applicable to either active or Medicare Primary members, we only include the component in the respective rate tier(s) to which it applies.

We use the members per contract tier during the last month of the runout period as the basis for the projected members per tier in the rating period. The underwriter will adjust this ratio if, in their opinion, the result is not representative of the expected values in the rating period.<sup>3</sup>

**Underwriting Judgment Adjustments**

If, in the underwriter’s professional judgment, the standard formula would not produce appropriate rates for the case they are rating, the underwriter will make such modifications as needed to produce

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<sup>3</sup> E.g., the number of contracts in a particular tier may be small (or even 0). In such instances, the underwriter should use appropriate values based on total block of business or other appropriate sources.

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appropriate rates. The underwriter will document in the case file the reason(s) for the adjustment(s) and the method of determining the appropriate adjustment(s).

**Management Discretionary Adjustments**

For marketing or other reasons, management may decide to modify the rates on a specific case or block of cases. The underwriter will document in the case file the adjustment(s) made, along with a description of the nature of the adjustment(s).

**4. Trend Factors**

The source of data for trend development is the Blue Cross VT data warehouse, except where noted below. To ensure the accuracy of claims information, we reconcile the data used against internal reserving, enrollment, and other financial reports. The data includes claims from Blue Cross VT Cost Plus groups, Blue Cross VT ASO groups of under 1,001 members, Blue Cross VT insured large groups, Blue Cross VT insured small groups with more than 10 members, Blue Cross VT insured association health plans with more than 10 members, and TVHP insured large groups. The data also excludes insured large groups with much higher costs than average that have left Blue Cross VT in 2020 and 2021. The above lines of business cover substantially similar populations under similar benefit packages. Combining these homogeneous populations creates greater consistency and credibility within the trend factor development.

We exclude large ASO groups and ASO groups with special pricing arrangements. Blue Cross VT experienced large membership movement out of the small group market during the trend experience period. Due to significant changes in membership, we exclude all membership from small groups that were not continuously with Blue Cross VT throughout the trend experience period. We exclude claims from Medicare Primary members. We discuss Medicare Primary trend in section 4.5.

We use medical claims incurred from September 1, 2018, to August 31, 2022, paid through October 31, 2022, and pharmacy claims incurred from October 1, 2018, to September 30, 2022, paid through October 31, 2022. We apply completion factors to estimate the ultimate incurred claims for each period shown in the exhibits.

**4.1. Medical Trend Development**

Medical trend is composed of three pieces: cost, utilization, and intensity. In our analysis, we combine utilization and intensity within the utilization metric and analyze the unit cost separately. For fee-for-service claims, we combine plan payment with member cost sharing to calculate the allowed charges. For claims under a capitation arrangement, we combine a fee-for-service equivalent amount with the member cost sharing to calculate allowed charges.

**4.1.1. Unit Cost**

Observations of recent contracting and provider budgetary changes are the main source of unit cost trends. During the year ended August 2022, roughly 53 percent of total claims dollars were provided by Vermont facilities and providers directly affected by the hospital budget review process of the Green Mountain Care Board (GMCB). For hospitals under the jurisdiction of the GMCB, we start with the

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assumption that the GMCB will approve hospital budgets for the 2023 cycle that are equal to the commercial increases approved in the 2021 cycle<sup>4</sup>.

Based upon the above assumptions concerning hospital budget and fee schedule changes, the provider contracting and actuarial departments worked together to assess the impact such an increase would have on contract negotiations specific to the network used for the AHP market.

We assumed for other providers within the Blue Cross VT service area that overall 2023 and 2024 budget increases would be the average of the increases implemented during the 2021 cycle and the 2022 cycle, with the exception that we have reflected any more recent information gleaned from our early negotiations with providers.

For drugs dispensed in a facility or office, we use the outpatient or professional increase for each facility or provider group to calculate an estimated unit cost trend.

Finally, we derive unit cost increases for providers outside the Blue Cross and Blue Shield of Vermont service area from the Fall 2022 Blue Trend Survey, which is a proprietary and confidential dissemination of the Blue Cross and Blue Shield Association.

The chart below summarizes the results of the analysis:

<b>Medical Unit Cost Trend – CY 2023</b>		
	Blue Cross VT Managed Care	Blue Cross VT Non-Managed Care
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	13.9%	13.8%
Other facilities and providers	5.6%	5.6%
<b>Total</b>	<b>10.0%</b>	<b>10.0%</b>

<b>Medical Unit Cost Trend – CY 2024</b>		
	Blue Cross VT Managed Care	Blue Cross VT Non-Managed Care
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	5.4%	5.4%
Other facilities and providers	6.3%	6.3%
<b>Total</b>	<b>5.8%</b>	<b>5.8%</b>

**4.1.2. Utilization & Intensity**

We use the utilization trend factors from the 2024 Large Group Filing (BCVT-133551255) as approved by the GMCB on May 11, 2023.

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<sup>4</sup> We expect to update the unit cost trend assumptions upon review of the June 30, 2023 hospital budget submissions.

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**4.1.3. Total Medical Trend**

The total medical trend factors are the product of the utilization trend and the unit cost trend factors.

<b>Annual Medical Trend – Blue Cross VT Managed Care</b>				
Category	Facility	Professional	Pharmaceuticals	Total
Unit Cost	8.6%	5.4%	8.6%	
Utilization	1.3%	2.4%	3.9%	
<b>Total Medical Trend</b>	<b>9.8%</b>	<b>7.9%</b>	<b>12.8%</b>	<b>9.6%</b>

<b>Component</b>	<b>Blue Cross VT Managed Care</b>	<b>Blue Cross VT Non-Managed Care</b>
Total Annual Medical Trend	9.6%	9.6%

These represent the annualized trend from year-ended August 2022 to calendar year 2024. Due to the non-uniform trend assumptions for facility and all other professional services, we will apply monthly trend factors to bring the renewal experience period through the rating period. The monthly factors are shown on Exhibit 2G.

**4.2. Retail Pharmacy Trend**

We use the retail pharmacy trend factors from the 2024 Large Group Filing (BCVT-133551255) as approved by the GMCB on May 11, 2023.

**4.3. Overall Total Trend**

Using the claims experience<sup>5</sup> for the groups included in the manual rate (see section 6.1), we calculate the overall allowed trend as follows:

<b>Category</b>	<b>Allowed PMPM</b>	<b>Allowed Trend</b>
Medical	\$578.87	9.6%
Pharmacy	\$147.21	12.4%
<b>Total</b>	<b>\$726.07</b>	<b>10.1%</b>

**4.4. Leveraged Trends**

We use the leverage formulas from the 2024 Large Group Filing (BCVT-133551255) as approved by the GMCB on May 11, 2023.

Applying the leverage factors for benefits present in the year ended August 2022 for the groups included in the manual rate, we calculate the following paid trends:

<sup>5</sup> We use claims incurred September 1, 2021 through August 31, 2022, projected to calendar year 2024.

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Category	Paid PMPM	Paid Trend
Medical	\$493.92	11.0%
Pharmacy	\$134.28	13.1%
Total	\$628.19	11.4% <sup>6</sup>

**4.5. Medicare Secondary Trends**

We use the Medicare Secondary trend factors from the 2024 Large Group Filing (BCVT-133551255) as approved by the GMCB on May 11, 2023.

**4.6. Vision Trend**

AHP benefits must include pediatric vision benefits that are analogous to those offered in the individual and small group marketplace. We use the vision trend of 0.0 percent from the Blue Cross VT 2024 Vermont ACA Market - Small Group Rate Filing (SERFF: BCVT-133654592) since we expect the covered population to be substantially similar to the ACA Small Group population.

**4.7. Dental Trend**

AHP benefits must include pediatric dental benefits that are analogous to those offered in the individual and small group marketplace. We use the dental trend of 0.0 percent from the Blue Cross VT 2024 Vermont ACA Market - Small Group Rate Filing (SERFF: BCVT-133654592) since we expect the covered population to be substantially similar to the ACA Small Group population.

**4.8. Prior Experience Period Trend Factors**

We trend prior experience periods to the most current experience period using observed trends and apply the trend factors in section 4 to trend from the most current experience period to the rating period. Exhibit 2G contains the trend factors applicable to prior periods.<sup>7</sup> For months following our trend base (that is, after August 2022), the observed trend is set to the trend factors in section 4. There are separate observed trend factors for active medical, Medicare Primary medical, and pharmacy. To develop the observed medical trend factors, we calculate a monthly utilization trend. We apply actual cost increases to calculate the total observed medical trend.

We use the Medicare Primary medical and pharmacy trend factors from the 2024 Large Group Filing (BCVT-133551255) as approved by the GMCB on May 11, 2023.

<sup>6</sup> The paid trend without the pharmacy contract adjustment is [REDACTED].

<sup>7</sup> We apply historical utilization trends on a PMPM basis. The 2024 Large Group filing factors applied historical utilization trend based on total monthly claims. We consider using PMPMs to be a more accurate measure of trend.

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**5. Benefit Factors**

**5.1. Models for Active Employees**

We use the models for Active Employees from the 2024 Large Group Filing (BCVT-133551255) as approved by the GMCB on May 11, 2023.

**5.2. Tier Factors**

We use the tier factors from the 2024 Large Group Filing (BCVT-133551255) as approved by the GMCB on May 11, 2023.

**5.3. Models For Age 65+ Medicare Secondary Plans**

We use the models for Models For Age 65+ Medicare Secondary Plans from the 2024 Large Group Filing (BCVT-133551255) as approved by the GMCB on May 11, 2023.

**5.4. Formulary & Pharmacy Options**

Blue Cross VT offers AHPs a selection of formularies. AHPs can select either the Blue Cross VT Formulary or the National Performance Formulary. AHPs electing the National Performance Formulary receive greater rebates than those on the Blue Cross VT Formulary. To calculate the impact of the change, we identify rebate-eligible claims for the groups in the manual rate base. We calculate rebate totals under the contracted terms of each formulary. For AHPs changing formularies, we apply the below factors to projected rebates. We adjust the factors proportionately if the experience period includes a mix of formularies.

Experience Formulary	Rating Formulary	Rebate Multiplier
Blue Cross VT Formulary	National Performance	█
National Performance	Blue Cross VT Formulary	█

The National Performance Formulary covers different drugs than the Blue Cross VT Formulary. To reflect the difference in covered drugs between the two formularies, we apply a factor to the drug BRV for the Blue Cross VT Formulary. Using the claims in the drug BRV model, we compare the average cost per script, including the impact of brand and generic dispensing rates, for both formularies. We compare the cost per script for each formulary to the cost per script for all claims in the model to calculate adjustment factors for each formulary.

Formulary	Adjustment Factor
Blue Cross VT Formulary	█
National Performance Formulary	

**5.5. Riders**

Blue Cross VT files riders with the Vermont Department of Financial Regulation (DFR) that allow AHPs to add or modify covered services. These riders include, but are not limited to, the Benefit Enhancement

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Rider, Acupuncture Benefits Rider, and Wellness Drug Rider. For riders that modify covered services, we use the benefit relativity model to price the rider. For riders that cover an optional service, we develop allowed charges from groups offering that coverage and adjust to the AHP's benefit or use a reasonable approximation of allowed charges if no experience data exists. If, in the underwriter's professional judgment, the election of a rider will create material anti-selection, the underwriter will modify the rate as necessary to reflect appropriate rates for the rider being rated, as described in section 3.

**5.6. Rate Smoothing Charges**

We use the rate smoothing charges from the 2024 Large Group Filing (BCVT-133551255) as approved by the GMCB on May 11, 2023.

**6. Other Factors Applicable to All Association Health Plans**

**6.1. Manual Rate**

The AHP manual rate for active members is the medical and pharmacy paid claims PMPM incurred between January 1, 2022 and December 31, 2022, paid through March 31, 2023, for Blue Cross VT insured large groups, Blue Cross VT Cost Plus groups, TVHP insured large groups, Blue Cross VT insured association health plan member groups, and Blue Cross VT insured small groups. We only include in the manual rate experience groups where the average number of monthly subscribers exceeded 25, and where the group had active enrollment throughout the manual rate experience period. We consider the above lines of business to be representative of the expected membership of association health plans to be covered under this filing. We use claims from these groups, trended to calendar year 2024 using the trends and pharmacy contract adjustments described in section 4. We cap claims at \$175,000<sup>8</sup> and add expected claims above \$175,000. We calculate the expected large claims using the method described in section 6.2.

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<sup>8</sup> Selected using the highest level a group in the manual rate membership base would be pooled at using the table in Exhibit 6B.

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<b>Calculation of the Manual Rate (Actives)</b>			
Claim Type		Medical	Pharmacy
Incurred and Paid Experience Paid Claims, capped at \$175,000	A	\$68,269,652	\$20,578,357
Estimated Cost Sharing on COVID-19 Medical Claims	B	\$357,613	
Estimated Incurred but not Reported claims (IBNR)	C	\$281,286	\$0
Expected Claims above \$175,000	D	\$8,561,286	\$744,378
Experience Adjustment Factor	E	1.0000	1.0000
Demographic Normalization	F	1.0031	1.0031
Overall Paid Trend Factor	G	1.2401	1.2797
Projected Total Paid Claims	$H = (A - B + C + D) \times E \times F \times G$	\$95,472,625	\$27,370,105
Total Member Months	I	162,651	162,651
Medical/Pharmacy Manual Rate	$J = H / I$	\$586.98	\$168.28
<b>2024 Manual Rate</b>	<b><math>K = J_1 + J_2</math></b>	<b>\$755.25</b>	
2023 Manual Rate	L	\$700.13	
Manual Rate Increase	$M = K / L - 1$	7.9%	

We use the Medicare Primary manual rate from the 2024 Large Group Filing (BCVT-133551255) as approved by the GMCB on May 11, 2023.

Changes in the experience base, an update to the trends detailed in this filing, and an additional year of trend cause the change in the active manual rate.

Manual Rate Development	PMPM	PMPM Change	Impact
2023 Manual Rate	\$700.13		
Update Experience Base		\$(15.52)	-2.2%
Update Trend		\$2.27	0.3%
Trend to 2024		\$68.37	10.0%
2024 Manual Rate	\$755.25		

We adjust the manual rate to reflect a group's particular characteristics, as demonstrated in Exhibit 4A. We make an adjustment for the average age/gender factor (line B) of the group. For active and Medicare primary members, we use factors from the SOA's report *Health Care Costs – From Birth to Death*<sup>9</sup>. We normalize the factors such that the membership in the manual rate experience period has

<sup>9</sup> <https://www.soa.org/Research/Research-Projects/Health/research-health-care-birth-death.aspx>

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an age/gender factor of one. We assign an industry factor (line C) to each group based on the Standard Industrial Classification code. See Exhibit 4B for the schedule of industry factors. We normalize the industry factors such that the manual rate has a factor of one. We do not apply an industry adjustment to the manual rate for Medicare Primary members. We normalize for the average benefit relativity factor in the experience base by applying the ratio of the manual rate base average over the benefit relativity model average. In 2024, this factor is 1.0158 (line F).

We then multiply the manual rate by an adjustment factor to reflect structural changes between the experience period to the rating period. This adjustment modifies the manual claims to reflect such things as mandated benefit changes, contractual provision changes, etc., that, in the judgment of the underwriter, are necessary to make the manual rate appropriate for the estimation of the expected claims in the rating period.

Finally, we calculate a contract conversion factor (line D) based on member distribution and tier factors in order to convert from a PMPM to a single rate basis. This factor is necessary because the rating formula blends the adjusted manual rate (line S of Exhibit 1A) with the projected single contract rate (line R of Exhibit 1A), which is not on a PMPM basis.

## **6.2. Large Claims Factors**

We use the large claims factors from the 2024 Large Group Filing (BCVT-133551255) as approved by the GMCB on May 11, 2023.

## **6.3. Administrative Charges**

The sources of administrative expense data in this filing are the Blue Cross VT data warehouse and accounting records. The experience period for this filing is January 2022 to December 2022. We use actual Blue Cross VT administrative expenses for the experience period on a GAAP reporting basis.

The Blue Cross VT cost accounting system allocates administrative expenses to lines of business. We use Blue Cross VT insured association health plan information for the base administrative charges.

The table below reflects reclassifications of the base data, including the removal of federal fees (we add these to premium rates separately; see section 6.9), GMCB billback (we add these to premium rates separately; see section 6.8), and fees paid to vendors for the administration of Health Savings Accounts and Health Reimbursement Accounts linked to our insurance products (participation in this service is optional; we assign these fees to groups who select the service). We also remove any expenses incurred due to one-time, non-recurring events, as these costs are not expected to continue to occur in the projection period.

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The factors for the age curve are in Chart 1 (for actives) and Chart 21 (for Medicare Primary) of the databook linked on the page.

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<b>Reconciliation of Experience Base Administrative Expense to Reported GAAP Expenses</b>		
	<b>AHP</b>	
	<b>Total Dollars</b>	<b>PMPM</b>
Reported Expenses	\$792,386	\$45.02
Commissions	\$0	\$0.00
Reclassification Items	-\$29,818	-\$1.69
<b>Total</b>	<b>\$762,567</b>	<b>\$43.33</b>

Projection Factors

We project the base administrative charges to 2024 using a 4.0 percent annual trend. This projection factor is intended to make reasonable but modest provision for increases in overall operating costs PMPM.

We calculate PMPM admin charges with experience period enrollment and projected enterprise-wide 2024 enrollment. When projecting the 2024 enrollment, we include the observed membership changes, and expected growth due to the anticipated Medicaid redetermination initiative and its expected impact on ACA membership. Blue Cross VT variable costs represent approximately 30 percent of total administrative expenses. Blue Cross VT is committed to providing insurance coverage for our members at the most affordable rates possible; as a result, even though it is impractical to react to enrollment shifts by immediately right-sizing staff, we nonetheless remove from our projection the entirety of variable costs associated with the changes in enrollment. We therefore apply a net decrease of 3.4 percent to the base PMPM charges to account for the growth in membership on core operating platform. The table below shows the calculation.

<b>Development of Enterprise Membership Adjustment</b>	
	Member Months
Experience Period	1,965,527
Projected 2024 Enrollment	2,065,332
Adjustment for Enterprise Membership	$= 1 + 0.7 \times (1,965,527 / 2,065,332 - 1) = -3.4\%$

To calculate the projected base administrative charges, we increase the reweighted base experience PMPM by 4.0 percent for two years of trend and by 3.3 percent for the impact of membership.

<b>Projected Administrative Charges Calculation</b>		
Experience Base Administrative Charges PMPM	A	\$43.33
Trend Projection	B	1.0816
Impact of Membership changes	C	0.9662
Projected Base Administrative Charges for January 2024	$D = A \times B \times C$	\$45.28

Charges for Group Accounts

This filing is changing the rating structure of administrative charges to only use PMPM components. The administrative charge for January 2024 is \$45.28 PMPM.

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The administrative charges do not include amounts for special items or unique services not part of Blue Cross VT’s standard scope of administrative services (e.g., special booklets, certificates, or reports). Charges for such services will be determined and applied separately on an account-specific basis. The filed charges also do not include commissions based on the commission scale applicable to the account. The rating formula calculates and applies commissions separately.

**6.4. Net Cost of Reinsurance**

We use the net cost of reinsurance charges from the 2024 Large Group Filing (BCVT-133551255) as approved by the GMCB on May 11, 2023.

**6.5. Pharmacy Rebates**

We calculate pharmacy rebates by taking the experience period rebates and trending them using the total trend for brands eligible for rebates using the factors from the 2024 Large Group Filing (BCVT-133551255) as approved by the GMCB on May 11, 2023.

**6.6. Pediatric Vision and Dental**

AHPs must offer pediatric dental and vision benefits that are analogous to those offered in the individual and small group marketplace. To develop the projected claims, we use small group claims and trend from the Blue Cross VT 2024 Vermont ACA Market - Small Group Rate Filing (SERFF: BCVT-133654592).

Projected Pediatric Vision and Dental Claims			
		Dental	Vision
Base Data (CY 2022)	A	\$1.60	\$0.08
Annual Trend	B	0.0%	0.0%
Months of Trend	C	24	24
Projected Claims	$D = A \times (1+B)^{(C/12)}$	\$1.60	\$0.08

**6.7. Payment Reform Initiatives**

Blue Cross VT is committed to continuing its effort in payment reform. In late 2022, Blue Cross VT developed an innovative care model for primary care practices. The model, Vermont Blue Integrated Care (VBIC), is intended to improve value and outcomes for members. The program includes participation payments which support enhanced care coordination, population health management, an electronic medical record overlay that offers a more comprehensive look at the members’ care across providers, and other resources. While Blue Cross VT paused its relationship with OneCare VT (OCV) for 2023, we will continue to support primary care providers in 2024 either with a renewed relationship or expansion of our own programs. We estimate the monthly PMPM needed for our payment reform efforts as \$2.25 PMPM.

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**6.8. Contribution to Reserve**

As recommended by management, we include the following contribution to reserve factors in the rate calculation:

Contribution to Reserve	
Blue Cross VT Insured AHPs	3.0% of premium

A memo from Blue Cross VT senior management regarding the contribution to reserve factors can be found as Attachment A. We consider the above-listed contribution to reserve factors to be reasonable.

**6.9. State Mandates and Assessments**

**Vermont Vaccine Purchasing Program Payments**

The Vermont Vaccine Purchasing Program<sup>10</sup> offers health care providers state-supplied vaccines at no charge by collecting payments from Health plans, insurers, and other payers. This assessment is a PMPM charge applied to members residing in Vermont who are ages 0 to 64. On May 5, 2023, the Vermont Vaccine Purchasing Program released a memo that included the rates for April 1, 2023 – March 31, 2024. The memo did not include an estimate of charges beyond March 31, 2023, so we use the approved state fiscal year 2024 rates throughout the projection period.

**New Hampshire Purchasing Program Payments**

The New Hampshire Purchasing Program<sup>11</sup> offers health care providers state-supplied vaccines at no charge by collecting payments from health plans, insurers, and other payers. The assessment for 2023 is \$8.50 for each child that is a New Hampshire resident. The current best estimate of the 2024 rate is \$9.85 per assessable life per month. We will use the new rate once it is approved.

**New York State Health Care Reform Act**

Blue Cross VT pays the New York GME Covered Lives Assessment<sup>12</sup> for all members who are New York residents as part of the New York State Health Care Reform Act. The assessment varies based on the county of residence. We will use the new rates once they are approved.

**Maine Guaranteed Access Reinsurance Association**

Blue Cross VT pays the Maine Guaranteed Access Reinsurance Association Assessment<sup>13</sup>. The 2019 assessment is \$4.00 per member per month for each member that is a Maine resident. We will use any new rates once they are approved.

**Health Care Claims Tax**

The Health Care Claims Tax of 0.999 percent applies to all claims or capitations incurred by members with Vermont zip codes. We use the percentage of current members with Vermont ZIP codes to estimate the percentage of rating period claims expected to be incurred by Vermont members. Act 73 of

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<sup>10</sup> <http://www.vtvaccine.org/>

<sup>11</sup> <https://nhvaccine.org/>

<sup>12</sup> <https://www.health.ny.gov/regulations/hcra/gmecl.htm>

<sup>13</sup> <http://www.mgara.org/>

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2021 extended the 0.199 percent assessment for the Health IT Fund through July 1, 2023, and we expect the legislature to continue to extend the tax.

**Blueprint**

Blue Cross VT participates in the Vermont Blueprint for Health program. The current assessments for this program, applied to members who are attributed to a Blueprint provider as of the month the renewal is produced, are \$2.77 PMPM for the Community Health Team and \$3.00 PMPM for the Patient Centered Medical Homes (PCMH). PCMH are eligible for up to \$0.50 for performance. We project that our total PMPM for PCMH will be \$3.21. We base the projected performance payment on the average payment for groups in the manual rate in the year ended December 2022. We will incorporate any updates made to the Blueprint Manual.<sup>14</sup> in renewals.

**Green Mountain Care Board Billback**

The Green Mountain Care Board assesses Blue Cross VT a billback. We apply billback amounts from the administrative charges experience period described in section 6.3 to projected member months to develop the charge of \$2.19 PMPM.

**Other Assessments**

We include other state mandates and assessments in the calculation as applicable.

**6.10. Federal Assessments**

**Patient-Centered Outcomes Research Institute Fee:**

This fee is part of the Affordable Care Act and applies to all plan years ended after September 30, 2012 and before October 1, 2029. We provide the estimated fees in the table below. We will update this estimate if we receive additional information.

PCORI	
Plan Year Ending Between	Fee Amount
October 2024 - September 2025	\$3.47 PMPY

**Other Assessments**

We include other federal mandates and assessments in the calculation as applicable.

**6.11. Hearing Aids**

In 2024, hearing aids will become an essential health benefit for association health plans. We use the estimated paid cost for hearing aids from the 2024 Large Group Filing (BCVT-133551255) as approved by the GMCB on May 11, 2023.

**7. Medical Loss Ratio Projection**

We use the factors and formula in this filing to project a Medical Loss Ratio (MLR) for 2024. Using the manual rate as a proxy for projected claims, we project a 2024 MLR of 90.6 percent. The Blue Cross VT

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<sup>14</sup> <http://blueprintforhealth.vermont.gov/>

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credibility-adjusted MLR for Large Group<sup>15</sup> was 90.1 percent in 2020 and 89.5 percent in 2021. Exhibit 4C provides the development of the projected MLR. The calculations represent estimates assuming that all pricing assumptions hold true, and assuming no change from 2021 values for various quantities (e.g. HCQ, commissions).

**8. Act 193 Information**

This information is included template filed in SERFF with this filing ([VT Rx Data Template - Blue Cross - 2024 AHP.xlsx](#)).

The data in the template is based on actual and projected experience for the groups included in the manual rate.

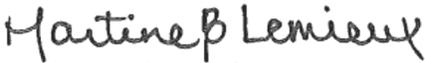
**9. Actuarial Opinion**

I, Martine Lemieux, Actuarial Director of Financial Integrity, am an employee of Blue Cross Blue Shield of Vermont and a member of the American Academy of Actuaries. I have experience in the area of insured health care programs.

Section 10 lists applicable limitations and disclosures.

It is my opinion that the rating formula and factors presented in this filing are reasonable and have been prepared in accordance with applicable Actuarial Standards of Practice. The formula and factors will produce premium rates that are reasonable in relation to the benefits provided and will not be excessive inadequate or unfairly discriminatory.

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's Qualification Standards to render this opinion.

  
Martine Lemieux, F.S.A., M.A.A.A.

May 16, 2023

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<sup>15</sup> AHP results are included in the Blue Cross VT Large Group MLR filing.

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**10. Disclosures**

**Information Date:** The analysis provided in the report is based on information as known on May 11, 2023.

**Scope:** The purpose of this filing is to establish the formula, manual rate, and accompanying factors that will be used for renewals of Blue Cross and Blue Shield of Vermont association health plans. This filing is not intended to be used for other purposes.

**Intended Users:** This material has been prepared for the GMCB. Blue Cross VT understands that this memorandum and accompanying exhibits will be posted publicly.

**Uncertainty or Risk:** Future events may affect the results presented in the memorandum.

Per GMCB guidance published on March 29, 2023,<sup>16</sup> Vermont hospital budgets submissions are due June 30, 2023. The hospital budget submissions will be different from the assumptions included in this filing and may call into question the adequacy or excessiveness of the premium rates discussed herein.

**Reliance on Other Sources for Data and Other Information:** This analysis relies upon data from the Blue Cross VT data warehouse. I have reviewed the data for reasonableness, but no audit was performed.

This analysis relies upon several sources of information that are cited as footnotes at their respective references. If any of the sources we have relied upon are incorrect or inaccurate, it may affect the accuracy of the results presented in the report.

This analysis relies upon several factors and formulas approved in 2024 Blue Cross VT Large Group Rating Program Filing (SERFF BCVT-133551255)

This analysis relies upon several factors submitted as part of the Blue Cross VT 2024 Vermont ACA Market - Small Group Rate Filing (SERFF: BCVT-133654592).

**Subsequent Events:** New information related to the COVID-19 pandemic continues to emerge on a regular basis. Subsequent events may affect the projected MLR presented herein. The degree to which future events may materially change the MLR is unknown.

On May 1, 2023, Blue Cross VT announced that it intends to affiliate with Blue Cross and Blue Shield of Michigan. The regulatory approval process, which will begin once both entities file with their respective state regulators, does not have a specific timeline. The effect of this proposed affiliation on the projections included in the filing is currently expected to be immaterial.

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<sup>16</sup> <https://gmcboard.vermont.gov/sites/gmcb/files/documents/FY24%20Hospital%20Budget%20Guidance%20FINAL.pdf>

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and, to the best of my knowledge, the filing complies with all applicable statutory and regulatory provisions for the state of Vermont



Ruth Greene  
Vice President, Treasurer & Chief Financial Officer

5-16-2023

Date

## MEMORANDUM

To: Martine Lemieux, Actuarial Director of Financial Integrity

From: Ruth Greene, VP and CFO 

Date: February 8, 2023

Subject: Contribution to Policyholder Reserves for 2024 Large Group Rating Program Filings

Upon consideration of the points documented in this memorandum, I am recommending that you file as follows for the 2024 Blue Cross VT Large Group Rating Program Filings and the 2024 Association Health Plan Filing: A contribution to policyholder reserves (CTR) of 3.0 percent for Blue Cross VT insured groups, 3.0 percent for Blue Cross VT insured association health plans, and 0.750 percent for Cost Plus groups.

### Overall CTR Philosophy

Blue Cross VT has long held that a long-term CTR of 1.5 percent represents an adequate, yet not excessive, contribution to policyholder reserves. CTR at this level within a typical trend and growth environment allowed us to navigate short-term fluctuations in order to maintain surplus levels that are within our established, modest target range. A shift in this approach is required because Blue Cross VT has experienced a significant period of unusual business volatility and the current economic and healthcare environment is anything but typical. Blue Cross VT must increase its long-term CTR by market segment because of increasing claims trend – driven by both unit costs and healthcare utilization – as well as market volatility, and recent capital demands. In particular, the large group and association health plan segments have not resulted in a contribution to reserves to the minimum 1.5 percent level required in recent years.

While Blue Cross VT believes that CTR should be managed to an adequate long-term level rather than fluctuating significantly from year to year with changes in membership and health care cost trend, we need to begin to reflect the inherent risk within each market segment and current economic and healthcare environments.

For these reasons, we will adjust our long-term target CTR for the large group and AHP segments to 3.0 percent.

### Risk Based Capital Outlook

On February 7, 2019, the Commissioner of the Vermont Department of Financial Regulation (DFR) issued an order approving a target Risk Based Capital (RBC) range of 590 percent to 745 percent. The order states, in part:

“If BCBSVT’s RBC ratio falls below or increases above the approved range, BCBSVT shall promptly develop a plan to move within the range within a reasonable time and shall submit such plan to the Commissioner.”

Blue Cross VT's year end 2021 RBC was narrowly within the targeted range, however, uncertainties with regard to future growth of insured membership, continued economic and market volatility as well as a very challenging competitive environment make it difficult to predict where Blue Cross VT will be in the range by the end of 2024. We note that, all else being equal, it is better to be near the middle of the target RBC range rather than at an end point, as this minimizes the probability of falling out of the range and triggering a required corrective action plan.

Blue Cross VT has long held that should the outlook for the Blue Cross VT surplus level fall outside of our target range, we would adjust our filed CTR accordingly. That is, in the event that surplus is projected to materially exceed the range, we would reduce our filed CTR from the long-term rate. Similarly, in the absence of mitigating factors, we would file a CTR that exceeds the long-term rate should surplus project to fall materially below our target range. The financial headwinds Blue Cross VT is facing, the persistent challenges of these insured segments in particular, and the instability within the Vermont healthcare system require Blue Cross VT to increase the CTR for large group and association health plans for the foreseeable future.

#### Importance of Adequately Funded Premiums

Adequately funded premiums are the foundation of solvency, the most important element of consumer protection. An adequate long-term contribution to policyholder reserves should exceed the minimum required to keep pace with increases in total claims costs. While best estimate assumptions are by definition expected to lead to equal likelihood of gains and losses, unexpected events or periods of sustained losses may lead to financial deterioration of sufficient magnitude to threaten a company's solvency.

Apart from modest investment income, CTR is the only source of funding that sustains policyholder reserves for Blue Cross VT. While any rating program filing is by definition an estimate of future costs and is therefore subject to gains or losses, Blue Cross VT files no additional margin beyond the required CTR. Any rate shortfall will first be paid out of CTR, while any shortfall beyond the approved CTR for a particular filing will be funded from existing policyholder reserves (i.e. surplus).

Maintaining an adequate surplus level is critical for any insurer. Consequences of low surplus include reduced flexibility in responding to customer needs, a need for higher margins in rates in order to avoid further deterioration, and a reduced ability to attract or retain business or to support membership growth. Stability is particularly important in times of change, including the continuing evolution at both the federal and Vermont levels of the individual and small group market, the health care reform environment in Vermont and changing economic cycles. Blue Cross VT must remain financially stable in order to continue to provide Vermonters with access to high quality care, outstanding member experiences, and responsible cost management.

#### Conclusion

In consideration of all the above, I recommend that you file a 3.0 percent CTR for the 2024 Blue Cross Large Group Rating Program Filing and the 2024 Association Health Plan Filing, and a 0.750 percent CTR for Cost Plus business.

May 16, 2023

Laura Beliveau  
Staff Attorney  
Green Mountain Care Board  
144 State Street  
Montpelier, Vermont 05602

**Subject: Blue Cross and Blue Shield of Vermont - NAIC # 53295  
2024 Association Health Plan Rating Program Filing**

Dear Ms. Beliveau:

Attached for the Green Mountain Care Board's review and approval is Blue Cross and Blue Shield of Vermont's 2024 Association Health Plan Rating Program Filing. As directed by the Board, this filing combines the various factor filings for association health plan rating components (trend, large claims, benefit relativity, administrative fees and contribution to reserve, and the formula itself) into a single filing.

Please let me know if we can answer any questions or provide further information during your review.

Sincerely,



Ruth Greene

cc: Martine Lemieux/BCBSVT

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2024 ASSOCIATION HEALTH PLAN RATING PROGRAM FILING

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Example Calculation of Projected Single Claims Rate for Active Members

Benefit-Adjusted Projected Single Claims Rate:

	Medical	Pharmacy	Total	
Experience Period Paid Claims	\$1,600,000	\$320,000		A
Experience Period Claims Amount above \$100,000 Pooling Limit	\$182,000	\$36,400		B
COVID-19 Related Claims	\$14,000	\$2,000		C
Capped Claims	\$1,404,000	\$281,600		D = A — B — C
Completion Factor	1.005	1.001		E
Completed Capped Claims	\$1,410,000	\$281,882		F = D x E
Expected Claims above \$100,000 Pooling Limit	\$168,000	\$33,600		G
Experience Adjustment Factor	1.000	1.000		H
Adjusted Experience Period Claims	\$1,578,000	\$315,482		I = (F + G) x H
Experience Period Member Months	4,000	4,000		J
<b>Adjusted Experience Period Claims PMPM</b>	<b>\$394.50</b>	<b>\$78.87</b>		K = I ÷ J
Average Experience Period Seasonally Adjusted Benefit Relativity Factor	0.759	0.759		L
Demographic Normalization	1.000	1.000		M
Benefit-Adjusted Experience Period Single Claims Rate	\$519.58	\$103.88		N = K * M ÷ L
Trend	1.090	1.106		O
Trend Months	18	18		P
Trend Factor	1.138	1.163		Q = O ^ (P/12)
Projected Single Contract Rate	\$591.28	\$120.82	\$712.10	R = N x Q
Adjusted Manual Rate			\$884.19	S
Credibility factor			48%	T
<b>Benefit-Adjusted Projected Single Claims Rate</b>			<b>\$800.85</b>	U = (R x T) + { S x ( 1 — T)}
<b>Credibility Calculation</b>				
Active Member Months			4,000	a
Member Months for Full Credibility at \$100,000 Pooling Limit			17,055	b
Credibility			48%	c = (a / b) ^ 0.5

Example Calculation of Projected Single Claims Rate for Medicare Primary Members

Benefit-Adjusted Projected Single Claims Rate:

	Medical	Pharmacy	Total	
Experience Period Paid Claims	\$16,000	\$24,000		A
Experience Period Claims Amount above \$100,000 Pooling Limit	N/A	N/A		B
COVID-19 Related Claims	\$400	\$0		C
Capped Claims	\$15,600	\$24,000		$D = A - B - C$
Completion Factor	1.011	1.001		E
Completed Capped Claims	\$15,800	\$24,024		$F = D \times E$
Expected Claims above \$100,000 Pooling Limit	N/A	N/A		G
Experience Adjustment Factor	1.000	1.000		H
Adjusted Experience Period Claims	\$15,800	\$24,024		$I = (F + G) \times H$
Experience Period Member Months	96	96		J
<b>Adjusted Experience Period Claims PMPM</b>	<b>\$164.58</b>	<b>\$250.25</b>		$K = I \div J$
Average Experience Period Seasonal Adjusted Benefit Relativity Factor	0.900	0.900		L
Demographic Normalization	1.000	1.000		M
Benefit-Adjusted Experience Period Single Claims Rate	\$182.87	\$278.06		$N = K * M \div L$
Trend	1.043	1.106		O
Trend Months	18	18		P
Trend Factor	1.065	1.163		$Q = O \wedge (P/12)$
Projected Single Contract Rate	\$194.79	\$323.42	\$518.21	$R = N \times Q$
Adjusted Manual Rate			\$0.00	S
Credibility factor			11%	T
<b>Benefit-Adjusted Projected Single Claims Rate</b>			<b>\$55.65</b>	$U = (R \times T) + \{ S \times (1 - T) \}$
<b>Credibility Calculation</b>				
Medicare Primary Member Months			96	a
Member Months for Full Credibility			8,325	b
Credibility			11%	$c = (a / b) \wedge 0.5$

Example Calculation of Projected Single Claims Rate for Active Members with Multiple Experience Periods

Benefit-Adjusted Projected Single Claims Rate:

Period Category Experience Period Start Experience Period End	A		B		C		Manual	
	Medical	Pharmacy	Medical	Pharmacy	Medical	Pharmacy		
7/1/2022	7/1/2022	7/1/2021	7/1/2021	7/1/2020	7/1/2020			
6/30/2023	6/30/2023	6/30/2022	6/30/2022	6/30/2021	6/30/2021			
Paid Claims in Experience Period	\$1,600,000	\$320,000	\$1,500,000	\$300,000	\$1,360,000	\$272,000	A	
Claims over \$100,000 Pooling Limit	\$182,000	\$36,400	\$321,000	\$64,200	\$80,000	\$16,000	B	
COVID-19 Related Claims	\$0	\$0	\$0	\$0	\$8,000	\$2,000	C	
Capped Claims	\$1,418,000	\$283,600	\$1,179,000	\$235,800	\$1,272,000	\$254,000	D = A - B - C	
Completion Factor	1.005	1.001	1.001	1.000	1.000	1.000	E	
Completed Capped Claims	\$1,430,000	\$283,884	\$1,180,000	\$236,000	\$1,270,000	\$254,000	F = D x E	
Expected Claims above \$100,000 Pooling Limit	\$168,000	\$33,600	\$212,000	\$42,400	\$200,000	\$40,000	G	
Experience Adjustment Factor	1.000	1.000	1.000	1.000	1.000	1.000	H	
Adjusted Experience Period Claims	\$1,598,000	\$317,484	\$1,392,000	\$278,400	\$1,470,000	\$294,000	I = (F + G) x H	
Experience Period Member Months	4,000	4,000	4,100	4,100	3,900	3,900	J	
<b>Adjusted Experience Period Claims PMPM</b>	<b>\$399.50</b>	<b>\$79.37</b>	<b>\$339.51</b>	<b>\$67.90</b>	<b>\$376.92</b>	<b>\$75.38</b>	K = I ÷ J	
Average Experience Period Med/Rx Total Seasonally Adjusted Benefit Relativity Factor	0.759	0.759	0.750	0.750	0.760	0.760	L	
Demographic Normalization	1.000	1.000	1.002	1.002	0.998	0.998	M	
Benefit-Adjusted Experience Period Single Claims Rate	\$526.17	\$104.54	\$453.59	\$90.72	\$494.96	\$98.99	N = K * M ÷ L	
Trend to Period A			1.138	1.022	1.353	1.050	O	
Trend	1.090	1.106	1.090	1.106	1.090	1.106	P	
Trend Months	18	18	18	18	18	18	Q	
Trend Factor	1.138	1.163	1.295	1.188	1.540	1.221	R = O x P ^ (Q/12)	
<b>Projected Single Contract Rate</b>	<b>\$598.77</b>	<b>\$121.59</b>	<b>\$587.37</b>	<b>\$107.81</b>	<b>\$762.30</b>	<b>\$120.88</b>	S = N x R	
<b>Credibility Calculation</b>								
Starting Residual	A		B		C		Manual	
Active Member Months	100.0%		51.6%		26.3%		13.7%	
Member Months for Full Credibility at \$100,000 Pooling Limit	4,000		4,100	4,100	3,900	3,900	T = 1 - Σ Y	
Credibility	17,055		17,055	17,055	17,055	17,055	U	
Med/Rx Weights <sup>1</sup>	48.4%		49.0%	49.0%	47.8%	47.8%	V	
Rating Credibility	78.3%	21.7%	78.3%	21.7%	78.3%	21.7%	W = (T / U) ^ 0.5	
							X	
							Y = Σ T x W x X <sub>i</sub>	
Projected Single Contract Rate	\$598.77	\$121.59	\$587.37	\$107.81	\$762.30	\$120.88	\$0.00	Z
Credibility	48.4%		25.3%		12.6%		13.7%	α
Benefit-Adjusted Projected Single Claims Rate	\$289.98	\$58.88	\$148.52	\$27.26	\$95.82	\$15.19	\$0.00	β = Z x α
<b>Σ Benefit-Adjusted Projected Single Claims Rate</b>	<b>\$635.65</b>							γ = Σ β

(1) Claim weights underlying BRV model

**Example Calculation of Required Premium by Product and Tier  
Illustrative Only**

*From Exhibit 1A : Active Benefit-Adjusted Projected Single Claims Rate (S) **\$800.85**  
Medicare Primary Benefit-Adjusted Projected Single Claims Rate (S) **\$55.65***

<b>Plan A</b>		<b>Single</b>	<b>2-Person</b>	<b>Family</b>	<b>Medicare Primary</b>
Members per contract		1.000	2.000	3.940	1.000
BRV:	A	0.929	1.859	2.585	0.984
Projected Claims:	B1 = A x S	\$744.23	\$1,488.47	\$2,070.28	\$54.76
Payment Reform Initiatives	B2	\$2.25	\$4.50	\$8.87	
Projected Rx Rebate:	B3	-\$28.00	-\$56.00	-\$110.32	-\$28.00
Net Cost of Reinsurance:	B4	\$2.64	\$5.28	\$10.40	
Hearing Aids	B5	\$1.50	\$3.00	\$5.91	\$1.50
Pediatric Vision & Dental	B6	\$1.68	\$3.36	\$6.62	
<b>Mandates and Assessments</b>					
Vaccines for Vermonters	C1	\$2.50	\$5.00	\$9.85	\$2.50
Blueprint for Health	C2	\$5.98	\$11.96	\$23.56	
Health Care Claims Tax	C3 = 0.999% * B1	\$7.43	\$14.87	\$20.68	\$0.55
GMCB Billback	C4	\$2.19	\$4.38	\$8.63	\$2.19
NH Vaccines	C5	\$0.01	\$0.02	\$0.04	
NY GME	C6	\$0.02	\$0.04	\$0.08	
MGARA	C7	\$0.03	\$0.06	\$0.12	\$0.03
PCORI	C8	\$0.29	\$0.58	\$1.14	\$0.29
Administrative Charge	D	\$45.28	\$90.56	\$178.40	\$45.28
Commission (% premium)	E	3.00%			
Contribution to Reserve	F	3.00%			
Required Premium:	$H = [ \sum(B_i) + \sum(C_i) + D ] / (1 - E - F)$	\$838.34	\$1,676.68	\$2,376.87	\$84.14
<b>Plan B</b>					
<b>Plan B</b>		<b>Single</b>	<b>2-Person</b>	<b>Family</b>	<b>Medicare Secondary</b>
Members per contract		1.000	2.000	3.938	1.000
BRV:	A	1.023	2.846	0.000	1.046
Projected Claims:	B1 = A x S	\$819.27	\$2,279.03	\$0.00	\$58.21
Payment Reform Initiatives	B2	\$2.25	\$4.50	\$8.87	
Projected Rx Rebate:	B3	-\$28.00	-\$56.00	-\$110.32	-\$28.00
Net Cost of Reinsurance:	B4	\$2.64	\$5.28	\$10.40	
Hearing Aids	B5	\$1.50	\$3.00	\$5.91	\$1.50
Pediatric Vision & Dental	B6	\$1.68	\$3.36	\$6.62	
<b>Mandates and Assessments</b>					
Vaccines for Vermonters	C1	\$2.50	\$5.00	\$9.85	\$2.50
Blueprint for Health	C2	\$5.98	\$11.96	\$23.56	
Health Care Claims Tax	C3 = 0.999% * B1	\$8.18	\$22.77	\$0.00	\$0.58
GMCB Billback	C4	\$2.19	\$4.38	\$8.63	\$2.19
NH Vaccines	C5	\$0.01	\$0.02	\$0.04	
NY GME	C6	\$0.02	\$0.04	\$0.08	
MGARA	C7	\$0.03	\$0.06	\$0.12	\$0.03
PCORI	C8	\$0.29	\$0.58	\$1.14	\$0.29
Administrative Charge	D	\$45.28	\$90.56	\$178.40	\$45.28
Commission (% premium)	E	3.00%			
Contribution to Reserve	F	3.00%			

UNIT COST TREND SUMMARY

	Inpatient				Outpatient				Facility Total	Professional						Total				VT / GMCB	All Other		
	GMCB	NH	BlueCard	Other	GMCB	NH	BlueCard	Other		GMCB	Community	NH	BlueCard	Other	Total	VT / GMCB	NH	BlueCard	Other			Total	
VHP	YE 202208									119,700,591						50,439,044					170,139,635		
	CY 2022									122,589,465						51,096,116					173,685,581		
	YE 202306									130,486,836						52,802,834					183,289,670		
	CY 2023									136,714,008						54,309,525					191,023,533		
	CY 2024									145,008,566						57,017,441					202,026,007		
	Exp % of Total									100.0%						100.0%					100.0%		
	Prj % of Total									100.0%						100.0%					100.0%		
	CY 2023 / CY 2022									11.5%						6.3%					10.0%	13.9%	5.6%
	CY 2024 / CY 2023									6.1%						5.0%					5.8%	5.4%	6.3%
	CY 2024 / YE 202208									8.6%						5.4%					7.6%	9.3%	5.7%
Annual Cost Trend									7.3%						5.3%					6.7%	7.2%	6.1%	
IND	YE 202208									86,736,320						50,439,044					170,139,635		
	CY 2022									88,910,812						51,096,116					173,730,804		
	YE 202306									94,811,835						52,802,834					183,331,882		
	CY 2023									99,331,571						54,309,525					191,069,331		
	CY 2024									105,226,681						57,017,441					202,074,599		
	Exp % of Total									100.0%						100.0%					100.0%		
	Prj % of Total									100.0%						100.0%					100.0%		
	CY 2023 / CY 2022									11.7%						6.3%					10.0%	13.8%	5.6%
	CY 2024 / CY 2023									5.9%						5.0%					5.8%	5.4%	6.3%
	CY 2024 / YE 202208									8.6%						5.4%					7.6%	9.4%	5.7%
Annual Cost Trend									7.2%						5.3%					6.7%	7.2%	6.1%	

Months of Trend 28

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2024 ASSOCIATION HEALTH PLAN RATING PROGRAM FILING

EXHIBIT 2G

MONTHLY TREND FACTORS

Month	Medical - Blue Cross VT		Pharmacy	Medicare Primary Medical
	Managed	Non- Managed		
August 2019	1.0000	1.0000	1.0000	1.0000
September 2019	1.0069	1.0069	1.0047	1.0019
October 2019	1.0623	1.0623	1.0068	1.0038
November 2019	1.0890	1.0890	1.0122	1.0056
December 2019	1.0826	1.0826	1.0273	1.0075
January 2020	0.9740	0.9741	1.0332	1.0094
February 2020	1.0131	1.0127	1.0417	1.0113
March 2020	0.7288	0.7285	1.0644	1.0132
April 2020	0.5893	0.5891	1.0643	1.0151
May 2020	0.8183	0.8180	1.0572	1.0170
June 2020	1.0140	1.0136	1.0626	1.0190
July 2020	1.0646	1.0642	1.0658	1.0209
August 2020	1.0098	1.0101	1.0600	1.0228
September 2020	1.0415	1.0418	1.0631	1.0247
October 2020	0.9211	0.9214	1.0712	1.0266
November 2020	0.9015	0.9019	1.0811	1.0286
December 2020	1.0507	1.0511	1.0841	1.0305
January 2021	1.1115	1.1119	1.0900	1.0330
February 2021	1.0943	1.0959	1.0963	1.0355
March 2021	1.0651	1.0667	1.1034	1.0380
April 2021	1.1467	1.1485	1.1299	1.0405
May 2021	1.2939	1.2958	1.1498	1.0431
June 2021	1.0725	1.0741	1.1756	1.0456
July 2021	1.0380	1.0396	1.1679	1.0481
August 2021	1.0241	1.0278	1.1814	1.0507
September 2021	1.2006	1.2049	1.1921	1.0532
October 2021	1.1376	1.1417	1.1899	1.0558
November 2021	1.2522	1.2567	1.2067	1.0583
December 2021	0.9716	0.9751	1.2191	1.0609
January 2022	0.9831	0.9867	1.2431	1.0627
February 2022	1.1489	1.1544	1.2479	1.0645
March 2022	1.1975	1.2033	1.2579	1.0664
April 2022	1.1755	1.1812	1.2538	1.0682
May 2022	1.2106	1.2164	1.2616	1.0700
June 2022	1.1537	1.1592	1.2673	1.0719
July 2022	1.3486	1.3551	1.2855	1.0737
August 2022	1.1626	1.1681	1.3090	1.0756
September 2022	1.1847	1.1904	1.3239	1.0774
October 2022	1.2386	1.2445	1.3371	1.0793
November 2022	1.2438	1.2497	1.3504	1.0811
December 2022	1.2489	1.2549	1.3639	1.0830
January 2023	1.3081	1.3143	1.3775	1.0848
February 2023	1.3133	1.3195	1.3912	1.0867
March 2023	1.3185	1.3248	1.4051	1.0886
April 2023	1.3238	1.3301	1.4191	1.0904
May 2023	1.3291	1.3354	1.4332	1.0923
June 2023	1.3345	1.3408	1.4475	1.0942
July 2023	1.3602	1.3667	1.4619	1.0961
August 2023	1.3658	1.3723	1.4765	1.0979
September 2023	1.3274	1.3337	1.4912	1.0998
October 2023	1.3662	1.3727	1.5061	1.1017
November 2023	1.3716	1.3781	1.5211	1.1036
December 2023	1.3768	1.3834	1.5363	1.1055
January 2024	1.4079	1.4145	1.5516	1.1074
February 2024	1.4136	1.4203	1.5670	1.1093
March 2024	1.4192	1.4259	1.5827	1.1112
April 2024	1.4248	1.4316	1.5984	1.1131
May 2024	1.4305	1.4373	1.6144	1.1150
June 2024	1.4362	1.4430	1.6304	1.1170
July 2024	1.4648	1.4718	1.6467	1.1189
August 2024	1.4708	1.4778	1.6631	1.1208
September 2024	1.4302	1.4370	1.6797	1.1227
October 2024	1.4727	1.4796	1.6964	1.1246
November 2024	1.4784	1.4854	1.7133	1.1266
December 2024	1.4840	1.4911	1.7304	1.1285

**Example of Manual Rate Adjustment**

Manual Rate	\$755.25
Average Age/Gender Factor	1.000
Average Industry Factor	1.000
Projection Period	1/1/2024
Trend Factor	11.40%
Benefit Normalization Factor	1.0158

<b>Group Information</b>	Active	Medicare Primary
Age/Gender Factor	0.940	1.030
Industry Factor	0.965	1.000
Projection Period	1/1/2024	

Contract Conversion	Contract Distribution	Members	Tier Factor	"Contract Tiers"
Single	25	25	1	25
Two-Person	25	50	2.000	50
Family	50	197	2.782	139.09
	100	272		214.09

		Active	Medicare Primary
Manual Rate	A	\$755.25	\$497.79
Adjustment for Age/Gender	B = 0.94 / 1	0.9400	1.0300
Adjustment for Industry	C = 0.965 / 1	0.9650	1.0000
Adjustment for Trend	D	N/A	N/A
Contract Conversion Factor	E = 272 / 214.09	1.2705	1.0000
Benefit Normalization Factor	F	1.0158	N/A
Adjusted Manual Rate	G = A x B x C x D x E x F	\$884.19	\$512.72

Industry Factors

2-Digit SIC Code	Industry Description	Normalized Factor
01	Agricultural Production - Crops	0.9576
02	Agricultural Production - Livestock And Animal Specialties	0.9646
07	Agricultural Services	0.9580
08	Forestry	0.9635
09	Fishing, Hunting And Trapping	1.0411
10	Metal Mining	1.0968
12	Coal Mining	1.1046
13	Oil And Gas Extraction	1.0097
14	Mining And Quarrying Of Nonmetallic Minerals, Except Fuels	1.0736
15	Building Cnstrctn - General Contractors & Operative Builders	0.9772
16	Heavy Cnstrctn, Except Building Construction - Contractors	0.9714
17	Construction - Special Trade Contractors	0.9725
20	Food And Kindred Products	0.9262
21	Tobacco Products	0.9899
22	Textile Mill Products	0.9423
23	Apparel, Finished Prdcts From Fabrics & Similar Materials	0.9546
24	Lumber And Wood Products, Except Furniture	0.9880
25	Furniture And Fixtures	0.9423
26	Paper And Allied Products	0.9522
27	Printing, Publishing And Allied Industries	0.9332
28	Chemicals And Allied Products	0.9811
29	Petroleum Refining And Related Industries	0.9819
30	Rubber And Miscellaneous Plastic Products	0.9384
31	Leather And Leather Products	0.9680
32	Stone, Clay, Glass, And Concrete Products	0.9752
33	Primary Metal Industries	0.9608
34	Fabricated Metal Prdcts, Except Machinery & Transport Eqpmnt	0.9412
35	Industrial And Commercial Machinery And Computer Equipment	0.9384
36	Electronic, Elctrcl Eqpmnt & Cmpnts, Excpt Computer Eqpmnt	0.9240
37	Transportation Equipment	0.9702
38	Mesr/Anlyz/Cntrl Instrmnts; Photo/Med/Opt Gds; Watches/Clocks	0.9225
39	Miscellaneous Manufacturing Industries	0.9366
40	Railroad Transportation	0.9819
41	Local, Suburban Transit & Interurbn Hgwy Passenger Transport	1.0231
42	Motor Freight Transportation	1.0238
43	United States Postal Service	0.9503
44	Water Transportation	1.0017
45	Transportation By Air	0.9483
46	Pipelines, Except Natural Gas	0.9661
47	Transportation Services	0.9305
48	Communications	0.9061
49	Electric, Gas And Sanitary Services	0.9740
50	Wholesale Trade - Durable Goods	0.9528
51	Wholesale Trade - Nondurable Goods	0.9427
52	Building Matrials, Hrdwr, Garden Supply & Mobile Home Dealsr	0.9416
53	General Merchandise Stores	0.9410
54	Food Stores	0.9435
55	Automotive Dealers And Gasoline Service Stations	1.0156
56	Apparel And Accessory Stores	0.9423
57	Home Furniture, Furnishings And Equipment Stores	0.9344
58	Eating And Drinking Places	1.0671
59	Miscellaneous Retail	0.9730
60	Depository Institutions	0.9265
61	Nondepository Credit Institutions	0.8967
62	Security & Commodity Brokers, Dealers, Exchanges & Services	0.9269
63	Insurance Carriers	0.9503
64	Insurance Agents, Brokers And Service	0.9503
65	Real Estate	0.9740
67	Holding And Other Investment Offices	0.9265
70	Hotels, Rooming Houses, Camps, And Other Lodging Places	1.0160
72	Personal Services	0.9963
73	Business Services	0.9398
75	Automotive Repair, Services And Parking	0.9879
76	Miscellaneous Repair Services	0.9529
78	Motion Pictures	0.9655
79	Amusement And Recreation Services	1.0371

**Industry Factors**

<b>2-Digit SIC Code</b>	<b>Industry Description</b>	<b>Normalized Factor</b>
80	Health Services	1.0928
81	Legal Services	0.9859
82	Educational Services	0.9433
83	Social Services	1.0928
84	Museums, Art Galleries And Botanical And Zoological Gardens	0.9503
86	Membership Organizations	0.9983
87	Engineering, Accounting, Research, Management & Related Svcs	0.9020
88	Private Households	0.9503
89	Services, Not Elsewhere Classified	0.9542
91	Executive, Legislative & General Government, Except Finance	1.0928
92	Justice, Public Order And Safety	1.0928
93	Public Finance, Taxation And Monetary Policy	1.0073
94	Administration Of Human Resource Programs	1.0136
95	Administration Of Environmental Quality And Housing Programs	1.0057
96	Administration Of Economic Programs	1.0073
97	National Security And International Affairs	1.0382
99	Nonclassifiable Establishments	0.9503

PROJECTED 2024 MLR CALCULATION

Blue Cross VT

(A)	Manual Rate	\$760.68	Actuarial Memorandum, Section 6.1, 6.6, 6.7, 6.11
(B)	Rebates	\$46.92	Actuarial Memorandum, Section 6.5
(C)	Estimated HCQ	\$2.95	2021 MLR Filing, untrended
(D)	State Mandates and Assessments	\$ 15.10	Calculation as described on Exhibit 1C, using latest actual PMPM as needed
(E)	<b>MLR Numerator</b>	<b>\$731.82</b>	<b>= (A) - (B) + (C) + (D)</b>
(F)	Projected Claims	\$728.87	= (A) - (B) + (D)
(G)	Net Cost of Reinsurance	\$2.64	G = Actuarial Memorandum, Section 6.4
(H)	Administrative Charge	\$45.28	H = Actuarial Memorandum, Section 6.3
(I)	GMCB Billbacks	\$2.19	I = Actuarial Memorandum, Section 6.9
(J)	Patient-Centered Outcomes Research Institute	\$0.29	J = Actuarial Memorandum, Section 6.10
(K)	Subtotal	\$779.27	= (F) + (G) + (H) + (I) + (J)
(L)	Total Premium	\$807.49	= (K) / (1 - 0.005 - 0.03)
(M)	Commissions	\$4.00	= (L) x 0.5% (from 2021 MLR filing)
(N)	Contribution to Reserve	\$24.22	= (L) x 3.0% (from Actuarial Memorandum, Section 6.8)
(O)	<b>MLR Denominator</b>	<b>\$807.49</b>	<b>= (L)</b>
(P)	<b>MLR</b>	<b>90.6%</b>	<b>= (E) / (O)</b>

MEMBER MONTHS FOR FULL CREDIBILITY BY POOLING POINT

Pooling Limit	Member Months
\$30,000	8,325
\$35,000	9,182
\$40,000	9,990
\$45,000	10,747
\$50,000	11,462
\$55,000	12,142
\$60,000	12,786
\$65,000	13,406
\$70,000	14,002
\$75,000	14,573
\$80,000	15,117
\$85,000	15,633
\$90,000	16,127
\$95,000	16,600
\$100,000	17,055
\$105,000	17,497
\$110,000	17,923
\$115,000	18,338
\$120,000	18,745
\$125,000	19,140
\$130,000	19,523
\$135,000	19,897
\$140,000	20,266
\$145,000	20,624
\$150,000	20,974
\$155,000	21,313
\$160,000	21,643
\$165,000	21,969
\$170,000	22,289
\$175,000	22,600
\$180,000	22,905
\$185,000	23,199
\$190,000	23,486
\$195,000	23,766
\$200,000	24,039
\$205,000	24,307
\$210,000	24,570
\$215,000	24,827
\$220,000	25,077
\$225,000	25,323
\$230,000	25,563
\$235,000	25,799
\$240,000	26,032
\$245,000	26,259
\$250,000	26,480
\$255,000	26,695
\$260,000	26,905
\$265,000	27,111
\$270,000	27,316
\$275,000	27,517
\$280,000	27,712
\$285,000	27,903
\$290,000	28,086
\$295,000	28,262
\$300,000	28,438
\$305,000	28,613
\$310,000	28,786
\$315,000	28,955
\$320,000	29,123
\$325,000	29,284
\$330,000	29,438
\$335,000	29,586
\$340,000	29,732
\$345,000	29,876
\$350,000	30,019
\$355,000	30,161
\$360,000	30,305
\$365,000	30,445
\$370,000	30,579
\$375,000	30,709
\$380,000	30,839
\$385,000	30,967
\$390,000	31,087
\$395,000	31,201
\$400,000	31,311
\$405,000	31,418
\$410,000	31,521
\$415,000	31,620
\$420,000	31,718
\$425,000	31,816
\$430,000	31,912
\$435,000	32,005
\$440,000	32,097
\$445,000	32,188
\$450,000	32,280
\$455,000	32,370
\$460,000	32,459
\$465,000	32,550
\$470,000	32,639
\$475,000	32,726
\$480,000	32,813
\$485,000	32,899
\$490,000	32,984
\$495,000	33,068
\$500,000	33,152

POOLING POINT by MEMBERSHIP

<b>Membership (Current Month)</b>	<b>Pooling Limit</b>
0 to 299	\$100,000
300 to 499	\$120,000
500 to 999	\$140,000
1,000 to 1,499	\$175,000
1,500 to 1,999	\$200,000
2,000 to 2,499	\$220,000
2,500 to 2,999	\$250,000
3,000 to 3,999	\$275,000
4,000 to 4,999	\$315,000
5,000 to 7,499	\$350,000
7,500 to 9,999	\$400,000
10,000+	\$450,000

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2024 ASSOCIATION HEALTH PLAN RATING PROGRAM FILING

EXHIBIT 6C

COVID-19 DIAGNOSIS and PROCEDURE CODES

Diagnosis, Procedure, or Vaccine	Diagnosis or Procedure Code
Coronavirus Diagnosis Code	B34.2
Coronavirus Diagnosis Code	B97.21
Coronavirus Diagnosis Code	B97.29
Coronavirus Diagnosis Code	U07.1
Suspected COVID-19, Exposure to Infectious Disease	Z03.818
Suspected exposure to COVID-19	Z20.822
Suspected COVID-19, Exposure to Infectious Disease	Z20.828
Screening for Infectious Disease	Z11.59
COVID-19 Test	U0001
COVID-19 Test	U0002
COVID-19 Test	U0003
COVID-19 Test	U0004
COVID-19 Test	U0005
COVID-19 Test	87635
Specimen Collection	C9803
Specimen Collection	G2023
Specimen Collection	G2024
COVID-19 Test	0202U
COVID-19 Test	0223U
COVID-19 Test	87426
COVID-19 Test	0225U
COVID-19 Test	87636
COVID-19 Test	87637
COVID-19 Test	87811
COVID-19 Test	0240U
COVID-19 Test	0241U
COVID-19 Antibody Test	86328
COVID-19 Antibody Test	86769
COVID-19 Antibody Test	0224U
COVID-19 Antibody Test	86408
COVID-19 Antibody Test	86409
COVID-19 Antibody Test	86413
COVID-19 Antibody Test	0226U
Paxlovid	J8499
Evusheld and Evusheld Administration	Q0220
Evusheld and Evusheld Administration	M0220
Evusheld and Evusheld Administration	M0221
Pfizer-BioNTech COVID-19 Vaccine	91300
Pfizer-BioNTech COVID-19 Vaccine	0001A
Pfizer-BioNTech COVID-19 Vaccine	0002A
Moderna, Inc. Moderna COVID-19 Vaccine	91301
Moderna, Inc. Moderna COVID-19 Vaccine	0011A
Moderna, Inc. Moderna COVID-19 Vaccine	0012A
J&J COVID-19 Vaccine	0031A
J&J COVID-19 Vaccine	91303



Vermont Department of Financial Regulation
Health Filing Form F-106

NAIC#: 53295 Transmittal Date: 05/16/2023

Company Name: Blue Cross and Blue Shield of Vermont

Address: PO Box 186

City, State, Zip: Montpelier, VT 05601-0186

Phone: ( ) (802) 371-3734 Contact Person: Greg Boulbol

2024 Blue Cross VT AHP Rating Program Filing

Amends a previously filing, Departmental File No.:

Approval Date:

Type of Filing: Form(s) Rate(s)

Completely and accurately identify this product filing. If one of the following categories does not describe the product filing, then add comments below (check all that apply):

- Accident Only, AD&D, Advertising, Blanket, Cancer Expense, Conversion, Critical Illness, Dental, Disability, Home Health Only, Hospital Indemnity, Limited Benefit, Long Term Care, Medicare Supplement, Miscellaneous, Nursing Home Only, Organ Transplant, Prescription Drug, Student/Athlete, Stop Loss/Excess Risk, Travel, Vision, Other (explain)

Comments: Health

MANDATORY - Filing Fee Information:

- 1. State of Domicile: Vermont
2. A: Filing fee for the Company's State of Domicile: 150.00
B: Amount of filing fee being submitted with this filing: 150.00
3. Is this fee based on state of domicile's retaliatory fee? Yes No X

4. Explain how each part of the fee was determined, show all calculations (use a separate sheet if necessary):  
Vermont filing fee

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5. Fee calculated by: **(Print Name)** Greg Boulbol **(Signature)** /S/ Gregory J. Boulbol

Failure to accurately and fully complete this form will result in the filing being **rejected**.

08/17

**BLUE CROSS BLUE SHIELD OF VERMONT  
2024 AHP RATING PROGRAM FILING  
PLAIN LANGUAGE SUMMARY**

**Our commitment.** For more than 40 years, our nonprofit health plan has had a simple, powerful mission: make healthcare work better for all Vermonters.

**Rate request summary.** Blue Cross and Blue Shield of Vermont (Blue Cross VT) calculates association health plan (AHP) premiums on a case-by-case basis. The rating process uses a formula that blends recent claims experience for each AHP with a manual rate. This filing establishes the rating formula, manual rate and factors that will be used to rate AHPs.

- There are an estimated 960 contracts (1,450 members) currently enrolled in one Blue Cross VT AHP that will be affected by this filing.
- The formula and factors in this filing will produce a premium increase of 7.2 percent for an AHP that is manually-rated using none of its own experience data.
- The result for any specific group may differ from a 7.2 percent increase, depending on the AHP's own claims experience.

**Reasons for the change in factors.** Our premiums must be adequately funded to ensure stability and to maintain access to quality care, while protecting Vermonters' ability to pay. The primary reasons for premium increases due to the change in factors is that the cost of providing health care to our members is increasing. Specifically:

- Blue Cross VT is proposing a paid trend of 11.0 percent for medical claims, which includes hospital unit cost increases and anticipated changes in the use of services. The medical trend is driven primarily by large increases that were approved for Vermont hospitals in the most recent round of budget reviews and by expected increases in the next round of budget reviews.
- Blue Cross VT is proposing a pharmacy trend of 13.1 percent. Increases in the cost and availability of high-cost "specialty" medications are the biggest driver of pharmacy trend.

Other items also contribute to the change in factors, including:

- Due to decreases in base administrative expenses, premiums went down 1.3 percent.
- The contribution to reserves established in this filing is required to maintain a level of policyholder reserves that is in compliance with that ordered by the Vermont Department of Financial Regulation. Blue Cross VT is updating the level of contribution to reserves in this filing due to the volatility of this line of business, which increases the needed reserve level. Due to the increase in contribution to reserves, premiums increased 1.7 percent.

**Our efforts to reduce premium increases.** We know that paying for health insurance is a struggle for many, and we strive to keep premiums as low as possible. The proposed factors reflect our efforts to reduce rate increases, which included the launch of Vermont Blue Rx, an innovative prescription drug benefit service that will improve the consumer experience, drive better health outcomes and lower costs for members, providers, and employers.

**Our experience in this market.** This was a new line of business in 2021. Over the past two years Blue Cross VT has had an underwriting gain of \$1 million.

**Public comment.** Members of the public can submit comments to the Green Mountain Care Board about this rate request. For more information, please visit the Board's Public Comment page:

[https://ratereview.vermont.gov/public\\_comment](https://ratereview.vermont.gov/public_comment)

Please provide Company specific inputs for any cells shaded in blue.

Field Name	Description	Input
Insurance Company Name	Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	5 digit HIOS ID (if applicable)	13627
SERFF Filing Number	Filing number assigned by SERFF	BCVT-133676244
Market	Market type: Individual, Small Group, Large Group etc.	Group
Product Name	Product name entered in SERFF	2024 Blue Cross VT Association Health Plan Rating Program Filing
Period Prior to Experience Period Start Date	Beginning date for the 12 month period preceding the base period experience (MM/DD/YYYY)	1/1/2021
Period Prior to Experience Period End Date	End date for the 12 month period preceding the base period experience (MM/DD/YYYY)	12/31/2021
Experience Period Start Date	Beginning date for base period experience (MM/DD/YYYY)	1/1/2022
Experience Period End Date	End date for base period experience (MM/DD/YYYY)	12/31/2022
Projection Period Start Date	Beginning effective date for proposed rates (MM/DD/YYYY)	1/1/2024
Projection Period End Date	Ending effective date for proposed rates (MM/DD/YYYY)	12/31/2024

Insurance Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	13627
SERFF Filing Number	BCVT-133676244
Market	Group
Product Name	2024 Blue Cross VT Association Health Plan Rating Program Filing

**Prescription Drug Costs as Percentage of Premium<sup>1</sup>**

Enter PMPM drug costs incurred during the below periods for the following prescription drug tiers **dispensed only at a pharmacy, network pharmacy, or mail-order pharmacy**. Additionally, enter the total premium PMPM and member months for each period.

Gross of Member Cost Sharing and Rebates (Allowed Basis)						
	Experience Period -1		Experience Period		Projection Period	
	01/01/2021-12/31/2021		01/01/2022-12/31/2022		01/01/2024-12/31/2024	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$16.42	\$0.73	\$12.92	\$0.54	\$13.84	\$0.57
(III) Non-Specialty Brand PMPM	\$45.28	\$2.94	\$53.25	\$3.73	\$63.62	\$4.46
Specialty PMPM	\$45.21	\$24.57	\$49.71	\$29.20	\$66.71	\$39.19
(B) Medical Rx PMPM	\$76.27		\$92.33		\$119.97	
Total (Medical and Rx) Premium PMPM	\$613.91		\$552.69		\$803.37	
(I) Non-Specialty Generic % of Premium	2.67%	0.12%	2.34%	0.10%	1.72%	0.07%
(I) Non-Specialty Brand % of Premium	7.38%	0.48%	9.63%	0.68%	7.92%	0.56%
Specialty Total % of Premium	7.36%	4.00%	8.99%	5.28%	8.30%	4.88%
(B) Medical Rx PMPM	12.42%		16.71%		14.93%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			-0.34%	-0.02%	-0.61%	-0.03%
(II) Non-Specialty Brand % of Premium Change vs Prior Period			2.26%	0.20%	-1.71%	-0.12%
Specialty % of Premium Change vs Prior Period			1.63%	1.28%	-0.69%	-0.41%
(B) Medical Rx % of Premium Change vs Prior Period			4.28%		-1.77%	

Net of Member Cost Sharing (Paid Amount), Gross of Rebates						
	Experience Period -1		Experience Period		Projection Period	
	01/01/2021-12/31/2021		01/01/2022-12/31/2022		01/01/2024-12/31/2024	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$10.68	\$0.49	\$7.86	\$0.33	\$8.52	\$0.35
(III) Non-Specialty Brand PMPM	\$40.62	\$2.77	\$47.89	\$3.50	\$57.86	\$4.23
Specialty PMPM	\$44.14	\$23.97	\$48.73	\$28.54	\$66.13	\$38.73
(B) Medical Rx PMPM	\$73.27		\$87.35		\$116.36	
Total Medical and Rx Premium PMPM	\$613.91		\$552.69		\$803.37	
(I) Non-Specialty Generic % of Premium	1.74%	0.08%	1.42%	0.06%	1.06%	0.04%
(I) Non-Specialty Brand % of Premium	6.62%	0.45%	8.66%	0.63%	7.20%	0.53%
Specialty Total % of Premium	7.19%	3.90%	8.82%	5.16%	8.23%	4.82%
(B) Medical Rx PMPM	11.94%		15.80%		14.48%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			-0.32%	-0.02%	-0.36%	-0.02%
(II) Non-Specialty Brand % of Premium Change vs Prior Period			2.05%	0.18%	-1.46%	-0.11%
Specialty % of Premium Change vs Prior Period			1.63%	1.26%	-0.59%	-0.34%
(B) Medical Rx % of Premium Change vs Prior Period			3.87%		-1.32%	

<sup>1</sup> **Vermont Statute 8 V.S.A. § 4062**

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

- (i) for all covered prescription drugs, including generic drugs, brand-name drugs excluding specialty drugs, and specialty drugs dispensed at a pharmacy, network pharmacy, or mail-order pharmacy for outpatient use:
  - (I) the percentage of the premium rate attributable to prescription drug costs for the prior year for each category of prescription drugs;
  - (II) the year-over-year increase or decrease, expressed as a percentage, in per-member, per-month total health plan spending on each category of prescription drugs; and
  - (III) the year-over-year increase or decrease in per-member, per-month costs for prescription drugs compared to other components of the premium rate.
- (B) The insurer shall provide, if available, the percentage of the premium rate attributable to prescription drugs administered by a health care provider in an outpatient setting that are part of the medical benefit as separate from the pharmacy benefit.

Insurance Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	13627
SERFF Filing Number	BCVT-133676244
Market	Group
Product Name	2024 Blue Cross VT Association Health Plan Rating Program Filing

**Vermont Statute 8 V.S.A. § 4062**

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(ii) the specialty tier formulary list.

Specialty Formulary List
Provide the specialty formulary information listed below.

Drug Name	Drug Tier	Formulary Name (if multiple formularies are used)
ABECMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ABECMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ABIRATERONE	ORAL-CHEMO	Blue Cross Formulary
ABIRATERONE	ORAL-CHEMO	National Performance Formulary
ABRAXANE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ABRAXANE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ACTEMRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ACTEMRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ACTHAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ACTHAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ACTIMMUNE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ACTIMMUNE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADAKVEO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADAKVEO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADBRY	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADBRY	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADCETRIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADCETRIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADCIRCA	EXCLUDED	Blue Cross Formulary
ADCIRCA	EXCLUDED	National Performance Formulary
ADEFOV	GENERIC-SPECIALTY	Blue Cross Formulary
ADEFOV	GENERIC-SPECIALTY	National Performance Formulary
ADEMPAS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADEMPAS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADRIAMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
ADRIAMYCIN	GENERIC-SPECIALTY	National Performance Formulary
ADUHELM	EXCLUDED	Blue Cross Formulary
ADUHELM	EXCLUDED	National Performance Formulary
ADVATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADVATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADYNOVATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADYNOVATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AFINITOR	EXCLUDED	Blue Cross Formulary
AFINITOR	EXCLUDED	National Performance Formulary
AFSTYLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AFSTYLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALDURAZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALDURAZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALECENSA	ORAL-CHEMO	Blue Cross Formulary
ALECENSA	ORAL-CHEMO	National Performance Formulary
ALFERON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALFERON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALIMTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALIMTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALIQOPA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALIQOPA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALKERAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALKERAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALKERAN	ORAL-CHEMO	Blue Cross Formulary
ALKERAN	ORAL-CHEMO	National Performance Formulary
ALPHANATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALPHANATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALPHANINE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALPHANINE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALPROLIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALPROLIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALUNBRIG	ORAL-CHEMO	Blue Cross Formulary
ALUNBRIG	ORAL-CHEMO	National Performance Formulary
ALYMSYS	EXCLUDED	Blue Cross Formulary

ALYMSYS	EXCLUDED	National Performance Formulary
ALYQ	GENERIC-SPECIALTY	Blue Cross Formulary
ALYQ	GENERIC-SPECIALTY	National Performance Formulary
AMBRISENTAN	GENERIC-SPECIALTY	Blue Cross Formulary
AMBRISENTAN	GENERIC-SPECIALTY	National Performance Formulary
AMONDYS	EXCLUDED	National Performance Formulary
AMONDYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AMPYRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AMPYRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AMVUTTRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AMVUTTRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
APOKYN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
APOKYN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
APOMORPHINE	GENERIC-SPECIALTY	Blue Cross Formulary
APOMORPHINE	GENERIC-SPECIALTY	National Performance Formulary
ARALAST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARALAST	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARANESP	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARANESP	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARCALYST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARCALYST	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARIKAYCE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARIKAYCE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARIXTRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARIXTRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARRANON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARRANON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARSENIC	GENERIC-SPECIALTY	Blue Cross Formulary
ARSENIC	GENERIC-SPECIALTY	National Performance Formulary
ARZERRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARZERRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ASCENIV	EXCLUDED	National Performance Formulary
ASCENIV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASPARLAS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASPARLAS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ASTAGRAF	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASTAGRAF	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ATGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ATGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AUBAGIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AUBAGIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AUSTEDO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AUSTEDO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AVASTIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AVASTIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AVONEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AVONEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AVSOLA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AVSOLA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AYVAKIT	ORAL-CHEMO	Blue Cross Formulary
AYVAKIT	ORAL-CHEMO	National Performance Formulary
AZACITIDINE	GENERIC-SPECIALTY	Blue Cross Formulary
AZACITIDINE	GENERIC-SPECIALTY	National Performance Formulary
BAFIERTAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BAFIERTAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BALVERSA	ORAL-CHEMO	Blue Cross Formulary
BALVERSA	ORAL-CHEMO	National Performance Formulary
BARACLUDE	EXCLUDED	Blue Cross Formulary
BARACLUDE	EXCLUDED	National Performance Formulary
BARACLUDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BARACLUDE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BAVENCIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BAVENCIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BELEODAQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BELEODAQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BELRAPZO	EXCLUDED	National Performance Formulary
BELRAPZO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENDEKA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENDEKA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BENEFIX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENEFIX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BENLYSTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENLYSTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BEOVU	EXCLUDED	National Performance Formulary
BEOVU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BERINERT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

BERINERT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BESPONSA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BESPONSA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BESREMI	EXCLUDED	National Performance Formulary
BESREMI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BETAINE	GENERIC-SPECIALTY	Blue Cross Formulary
BETAINE	GENERIC-SPECIALTY	National Performance Formulary
BETASERON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BETASERON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BETHKIS	EXCLUDED	Blue Cross Formulary
BETHKIS	EXCLUDED	National Performance Formulary
BEVACIZUMAB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BEVACIZUMAB	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BEXAROTENE	GENERIC-SPECIALTY	Blue Cross Formulary
BEXAROTENE	GENERIC-SPECIALTY	National Performance Formulary
BEXAROTENE	ORAL-CHEMO	Blue Cross Formulary
BEXAROTENE	ORAL-CHEMO	National Performance Formulary
BICNU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BICNU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BIVIGAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BIVIGAM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BLNREP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BLNREP	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BLEOMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
BLEOMYCIN	GENERIC-SPECIALTY	National Performance Formulary
BLINCYTO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BLINCYTO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BORTEZOMIB	GENERIC-SPECIALTY	Blue Cross Formulary
BORTEZOMIB	GENERIC-SPECIALTY	National Performance Formulary
BORTEZOMIB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BORTEZOMIB	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BOSENTAN	GENERIC-SPECIALTY	Blue Cross Formulary
BOSENTAN	GENERIC-SPECIALTY	National Performance Formulary
BOSULIF	ORAL-CHEMO	Blue Cross Formulary
BOSULIF	ORAL-CHEMO	National Performance Formulary
BOTOX	EXCLUDED	Blue Cross Formulary
BOTOX	EXCLUDED	National Performance Formulary
BOTOX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BOTOX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BRAFTOVI	ORAL-CHEMO	Blue Cross Formulary
BRAFTOVI	ORAL-CHEMO	National Performance Formulary
BREYANZI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BREYANZI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BRINEURA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BRINEURA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BRUKINSA	ORAL-CHEMO	Blue Cross Formulary
BRUKINSA	ORAL-CHEMO	National Performance Formulary
BUPHENYL	EXCLUDED	Blue Cross Formulary
BUPHENYL	EXCLUDED	National Performance Formulary
BUSULFAN	GENERIC-SPECIALTY	Blue Cross Formulary
BUSULFAN	GENERIC-SPECIALTY	National Performance Formulary
BUSULFEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BUSULFEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BYLVAY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BYLVAY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BYOOVIZ	EXCLUDED	Blue Cross Formulary
BYOOVIZ	EXCLUDED	National Performance Formulary
CABLIVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CABLIVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CABOMETYX	ORAL-CHEMO	Blue Cross Formulary
CABOMETYX	ORAL-CHEMO	National Performance Formulary
CALQUENCE	ORAL-CHEMO	Blue Cross Formulary
CALQUENCE	ORAL-CHEMO	National Performance Formulary
CAMCEVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CAMCEVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CAMPTOSAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CAMPTOSAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CAMZYOS	EXCLUDED	National Performance Formulary
CAMZYOS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CAPECITABINE	ORAL-CHEMO	Blue Cross Formulary
CAPECITABINE	ORAL-CHEMO	National Performance Formulary
CAPRELSA	ORAL-CHEMO	Blue Cross Formulary
CAPRELSA	ORAL-CHEMO	National Performance Formulary
CARBAGLU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CARBAGLU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CARBOPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary

CARBOPLATIN	GENERIC-SPECIALTY	National Performance Formulary
CARGLUMIC	GENERIC-SPECIALTY	Blue Cross Formulary
CARGLUMIC	GENERIC-SPECIALTY	National Performance Formulary
CARMUSTINE	GENERIC-SPECIALTY	Blue Cross Formulary
CARMUSTINE	GENERIC-SPECIALTY	National Performance Formulary
CARVYKTI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CARVYKTI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CAYSTON	EXCLUDED	National Performance Formulary
CAYSTON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CELLCEPT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CELLCEPT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CEPROTIN	EXCLUDED	Blue Cross Formulary
CEPROTIN	EXCLUDED	National Performance Formulary
CERDELGA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CERDELGA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CEREZYME	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CEREZYME	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CETRORELIX	GENERIC-SPECIALTY	Blue Cross Formulary
CETRORELIX	GENERIC-SPECIALTY	National Performance Formulary
CETROTIDE	EXCLUDED	National Performance Formulary
CETROTIDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CHENODAL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CHENODAL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CHOLBAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CHOLBAM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CHOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CHOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CIBINQO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CIBINQO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CIMERLI	EXCLUDED	Blue Cross Formulary
CIMERLI	EXCLUDED	National Performance Formulary
CIMZIA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CIMZIA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CINQAIR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CINQAIR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CINRYZE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CINRYZE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CISPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
CISPLATIN	GENERIC-SPECIALTY	National Performance Formulary
CISPLATIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CISPLATIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CLADRIBINE	GENERIC-SPECIALTY	Blue Cross Formulary
CLADRIBINE	GENERIC-SPECIALTY	National Performance Formulary
CLOFARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
CLOFARABINE	GENERIC-SPECIALTY	National Performance Formulary
CLOLAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CLOLAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COAGDEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COAGDEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COMETRIQ	ORAL-CHEMO	Blue Cross Formulary
COMETRIQ	ORAL-CHEMO	National Performance Formulary
COPAXONE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COPAXONE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COPIKTRA	ORAL-CHEMO	Blue Cross Formulary
COPIKTRA	ORAL-CHEMO	National Performance Formulary
CORIFACT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CORIFACT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CORTROPHIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CORTROPHIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COSELA	EXCLUDED	National Performance Formulary
COSELA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COSENTYX	EXCLUDED	National Performance Formulary
COSENTYX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COSMEGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COSMEGEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COTELLIC	ORAL-CHEMO	Blue Cross Formulary
COTELLIC	ORAL-CHEMO	National Performance Formulary
CRYSVITA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CRYSVITA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CUPRIMINE	EXCLUDED	Blue Cross Formulary
CUPRIMINE	EXCLUDED	National Performance Formulary
CUTAQUIG	EXCLUDED	National Performance Formulary
CUTAQUIG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CUVITRU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CUVITRU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYCLOPHOSPH	GENERIC-SPECIALTY	Blue Cross Formulary

CYCLOPHOSPH	GENERIC-SPECIALTY	National Performance Formulary
CYCLOPHOSPH	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYCLOPHOSPH	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYCLOPHOSPHA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYCLOPHOSPHA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYCLOSPORINE	GENERIC-SPECIALTY	Blue Cross Formulary
CYCLOSPORINE	GENERIC-SPECIALTY	National Performance Formulary
CYRAMZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYRAMZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTADANE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTADANE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTADROPS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTADROPS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTAGON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTAGON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTARAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTARAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYTARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
CYTARABINE	GENERIC-SPECIALTY	National Performance Formulary
CYTOGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYTOGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DACARBAZINE	GENERIC-SPECIALTY	Blue Cross Formulary
DACARBAZINE	GENERIC-SPECIALTY	National Performance Formulary
DACTINOMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
DACTINOMYCIN	GENERIC-SPECIALTY	National Performance Formulary
DALFAMPRIDIN	GENERIC-SPECIALTY	Blue Cross Formulary
DALFAMPRIDIN	GENERIC-SPECIALTY	National Performance Formulary
DANYELZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DANYELZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DARAPRIM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DARAPRIM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DARZALEX	EXCLUDED	National Performance Formulary
DARZALEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DARZALEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DAUNORUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
DAUNORUBICIN	GENERIC-SPECIALTY	National Performance Formulary
DAURISMO	ORAL-CHEMO	Blue Cross Formulary
DAURISMO	ORAL-CHEMO	National Performance Formulary
DECITABINE	GENERIC-SPECIALTY	Blue Cross Formulary
DECITABINE	GENERIC-SPECIALTY	National Performance Formulary
DEPEN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DEPEN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DEXRAZOXANE	GENERIC-SPECIALTY	Blue Cross Formulary
DEXRAZOXANE	GENERIC-SPECIALTY	National Performance Formulary
DEXTENZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DEXTENZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DIACOMIT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DIACOMIT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DIMETHYL	GENERIC-SPECIALTY	Blue Cross Formulary
DIMETHYL	GENERIC-SPECIALTY	National Performance Formulary
DOCETAXEL	GENERIC-SPECIALTY	Blue Cross Formulary
DOCETAXEL	GENERIC-SPECIALTY	National Performance Formulary
DOPTELET	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DOPTELET	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DOXIL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DOXIL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DOXORUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
DOXORUBICIN	GENERIC-SPECIALTY	National Performance Formulary
DROXIDOPA	GENERIC-SPECIALTY	Blue Cross Formulary
DROXIDOPA	GENERIC-SPECIALTY	National Performance Formulary
DUPIXENT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DUPIXENT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DUROLANE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DUROLANE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DYSPORT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DYSPORT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EGRIFTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EGRIFTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELAPRASE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELAPRASE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELELYSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELELYSO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELIGARD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELIGARD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELITEK	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELITEK	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary

ELLENCE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELLENCE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELOCTATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELOCTATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELZONRIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELZONRIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EMFLAZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EMFLAZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EMPAVELI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EMPAVELI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EMPLICITI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EMPLICITI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENBREL	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENBREL	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENHERTU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENHERTU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENJAYMO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENJAYMO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENOXAPARIN	GENERIC-SPECIALTY	Blue Cross Formulary
ENOXAPARIN	GENERIC-SPECIALTY	National Performance Formulary
ENSPRYNG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENSPRYNG	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENTECAVIR	GENERIC-SPECIALTY	Blue Cross Formulary
ENTECAVIR	GENERIC-SPECIALTY	National Performance Formulary
ENTYVIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENTYVIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENVARBUS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENVARBUS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPCLUSA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPCLUSA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPIDIOLEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPIDIOLEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPIVIR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPIVIR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPIVIR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPIVIR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPOGEN	EXCLUDED	National Performance Formulary
EPOGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPOPROSTENOL	GENERIC-SPECIALTY	Blue Cross Formulary
EPOPROSTENOL	GENERIC-SPECIALTY	National Performance Formulary
ERBITUX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ERBITUX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ERIVEDGE	ORAL-CHEMO	Blue Cross Formulary
ERIVEDGE	ORAL-CHEMO	National Performance Formulary
ERLEADA	ORAL-CHEMO	Blue Cross Formulary
ERLEADA	ORAL-CHEMO	National Performance Formulary
ERLOTINIB	ORAL-CHEMO	Blue Cross Formulary
ERLOTINIB	ORAL-CHEMO	National Performance Formulary
ESBRIET	EXCLUDED	National Performance Formulary
ESBRIET	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ESBRIET	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ESPEROCT	EXCLUDED	National Performance Formulary
ESPEROCT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ETOPOPHOS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ETOPOPHOS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ETOPOSIDE	GENERIC-SPECIALTY	Blue Cross Formulary
ETOPOSIDE	GENERIC-SPECIALTY	National Performance Formulary
ETOPOSIDE	ORAL-CHEMO	Blue Cross Formulary
ETOPOSIDE	ORAL-CHEMO	National Performance Formulary
EUFLEXXA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EUFLEXXA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVENITY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVENITY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVEROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
EVEROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
EVEROLIMUS	ORAL-CHEMO	Blue Cross Formulary
EVEROLIMUS	ORAL-CHEMO	National Performance Formulary
EVKEEZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVKEEZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVOMELA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVOMELA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVRYSDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVRYSDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EXKIVITY	ORAL-CHEMO	Blue Cross Formulary
EXKIVITY	ORAL-CHEMO	National Performance Formulary
EXONDYS	EXCLUDED	National Performance Formulary

EXONDYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EXTAVIA	EXCLUDED	National Performance Formulary
EXTAVIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EYLEA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EYLEA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FABRAZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FABRAZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FASENRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FASENRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FASLODEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FASLODEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FEIBA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FEIBA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FENSOLVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FENSOLVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FIBRYGA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FIBRYGA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FINGOLIMOD	GENERIC-SPECIALTY	Blue Cross Formulary
FINGOLIMOD	GENERIC-SPECIALTY	National Performance Formulary
FINTEPLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FINTEPLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FIRAZYR	EXCLUDED	Blue Cross Formulary
FIRAZYR	EXCLUDED	National Performance Formulary
FIRDAPSE	EXCLUDED	National Performance Formulary
FIRDAPSE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FIRMAGON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FIRMAGON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FLEBOGAMMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FLEBOGAMMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FLOLAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FLOLAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FLOXURIDINE	GENERIC-SPECIALTY	Blue Cross Formulary
FLOXURIDINE	GENERIC-SPECIALTY	National Performance Formulary
FLUDARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
FLUDARABINE	GENERIC-SPECIALTY	National Performance Formulary
FLUOROURACIL	GENERIC-SPECIALTY	Blue Cross Formulary
FLUOROURACIL	GENERIC-SPECIALTY	National Performance Formulary
FOLLISTIM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FOLLISTIM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FOTYTN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FOTYTN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FONDAPARINUX	GENERIC-SPECIALTY	Blue Cross Formulary
FONDAPARINUX	GENERIC-SPECIALTY	National Performance Formulary
FORTEO	EXCLUDED	National Performance Formulary
FORTEO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FOTIVDA	EXCLUDED	National Performance Formulary
FOTIVDA	ORAL-CHEMO	Blue Cross Formulary
FRAGMIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FRAGMIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FULPHILA	EXCLUDED	National Performance Formulary
FULPHILA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FULVESTRANT	GENERIC-SPECIALTY	Blue Cross Formulary
FULVESTRANT	GENERIC-SPECIALTY	National Performance Formulary
FYARRO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FYARRO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FYLNETRA	EXCLUDED	Blue Cross Formulary
FYLNETRA	EXCLUDED	National Performance Formulary
FYREMADEL	GENERIC-SPECIALTY	Blue Cross Formulary
FYREMADEL	GENERIC-SPECIALTY	National Performance Formulary
GALAFOLD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GALAFOLD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMASTAN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMASTAN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMIFANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMIFANT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMMAGARD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMMAGARD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMMAKED	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMMAKED	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMMAPLEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMMAPLEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMUNEX-C	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMUNEX-C	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GANIRELIX	GENERIC-SPECIALTY	Blue Cross Formulary
GANIRELIX	GENERIC-SPECIALTY	National Performance Formulary
GATTEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

GATTEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAVRETO	ORAL-CHEMO	Blue Cross Formulary
GAVRETO	ORAL-CHEMO	National Performance Formulary
GAZYVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAZYVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GEL-ONE	EXCLUDED	National Performance Formulary
GEL-ONE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GELSYN-3	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GELSYN-3	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GEMCITABINE	GENERIC-SPECIALTY	Blue Cross Formulary
GEMCITABINE	GENERIC-SPECIALTY	National Performance Formulary
GENGRAF	GENERIC-SPECIALTY	Blue Cross Formulary
GENGRAF	GENERIC-SPECIALTY	National Performance Formulary
GENOTROPIN	EXCLUDED	National Performance Formulary
GENOTROPIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GENVISC	EXCLUDED	National Performance Formulary
GENVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GILENYA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GILENYA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GILOTRIF	ORAL-CHEMO	Blue Cross Formulary
GILOTRIF	ORAL-CHEMO	National Performance Formulary
GIVLAARI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GIVLAARI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GLASSIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GLASSIA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GLATIRAMER	GENERIC-SPECIALTY	Blue Cross Formulary
GLATIRAMER	GENERIC-SPECIALTY	National Performance Formulary
GLATOPA	GENERIC-SPECIALTY	Blue Cross Formulary
GLATOPA	GENERIC-SPECIALTY	National Performance Formulary
GLEEVEC	EXCLUDED	Blue Cross Formulary
GLEEVEC	EXCLUDED	National Performance Formulary
GLEOSTINE	ORAL-CHEMO	Blue Cross Formulary
GLEOSTINE	ORAL-CHEMO	National Performance Formulary
GONAL-F	EXCLUDED	National Performance Formulary
GONAL-F	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GRANIX	EXCLUDED	National Performance Formulary
GRANIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HAEGARDA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HAEGARDA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HALAVEN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HALAVEN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HARVONI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HARVONI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HEMLIBRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HEMLIBRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HEMOFIL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HEMOFIL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HERCEP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HERCEP	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HERCEPTIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HERCEPTIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HERZUMA	EXCLUDED	National Performance Formulary
HERZUMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HETLIOZ	EXCLUDED	National Performance Formulary
HETLIOZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HIZENTRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HIZENTRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HUMATE-P	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HUMATE-P	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HUMATROPE	EXCLUDED	National Performance Formulary
HUMATROPE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HUMIRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HUMIRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HYCAMTIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYCAMTIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HYCAMTIN	ORAL-CHEMO	Blue Cross Formulary
HYCAMTIN	ORAL-CHEMO	National Performance Formulary
HYDROXY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYDROXY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HYDROXYPROG	GENERIC-SPECIALTY	Blue Cross Formulary
HYDROXYPROG	GENERIC-SPECIALTY	National Performance Formulary
HYMOVIS	EXCLUDED	National Performance Formulary
HYMOVIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYPERRHO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYPERRHO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HYQVIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

HYQVIA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IBRANCE	ORAL-CHEMO	Blue Cross Formulary
IBRANCE	ORAL-CHEMO	National Performance Formulary
ICATIBANT	GENERIC-SPECIALTY	Blue Cross Formulary
ICATIBANT	GENERIC-SPECIALTY	National Performance Formulary
ICLUSIG	ORAL-CHEMO	Blue Cross Formulary
ICLUSIG	ORAL-CHEMO	National Performance Formulary
IDAMYCIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IDAMYCIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IDARUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
IDARUBICIN	GENERIC-SPECIALTY	National Performance Formulary
IDELVION	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IDELVION	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IDHIFA	ORAL-CHEMO	Blue Cross Formulary
IDHIFA	ORAL-CHEMO	National Performance Formulary
IFEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IFEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IFOSFAMIDE	GENERIC-SPECIALTY	Blue Cross Formulary
IFOSFAMIDE	GENERIC-SPECIALTY	National Performance Formulary
ILARIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ILARIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ILUMYA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ILUMYA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ILUVIEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ILUVIEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IMATINIB	ORAL-CHEMO	Blue Cross Formulary
IMATINIB	ORAL-CHEMO	National Performance Formulary
IMBRUVICA	ORAL-CHEMO	Blue Cross Formulary
IMBRUVICA	ORAL-CHEMO	National Performance Formulary
IMCIVREE	EXCLUDED	National Performance Formulary
IMCIVREE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IMFINZI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IMFINZI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IMJUDO	EXCLUDED	Blue Cross Formulary
IMJUDO	EXCLUDED	National Performance Formulary
IMLYGIC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IMLYGIC	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INBRIJA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INBRIJA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INCRELEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INCRELEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INFLECTRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INFLECTRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INFLIXIMAB	EXCLUDED	National Performance Formulary
INFLIXIMAB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INFUGEM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INFUGEM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INGREZZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INGREZZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INLYTA	ORAL-CHEMO	Blue Cross Formulary
INLYTA	ORAL-CHEMO	National Performance Formulary
INQOVI	EXCLUDED	National Performance Formulary
INQOVI	ORAL-CHEMO	Blue Cross Formulary
INREBIC	ORAL-CHEMO	Blue Cross Formulary
INREBIC	ORAL-CHEMO	National Performance Formulary
INTRON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INTRON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IRESSA	ORAL-CHEMO	Blue Cross Formulary
IRESSA	ORAL-CHEMO	National Performance Formulary
IRINOTECAN	GENERIC-SPECIALTY	Blue Cross Formulary
IRINOTECAN	GENERIC-SPECIALTY	National Performance Formulary
ISTODAX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ISTODAX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ISTURISA	EXCLUDED	National Performance Formulary
ISTURISA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IXEMPRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IXEMPRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IXINITY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IXINITY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JAKAFI	ORAL-CHEMO	Blue Cross Formulary
JAKAFI	ORAL-CHEMO	National Performance Formulary
JAVYGTOR	EXCLUDED	Blue Cross Formulary
JAVYGTOR	EXCLUDED	National Performance Formulary
JELMYTO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JELMYTO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JEMPERLI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

JEMPERLI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JEVTANA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JEVTANA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JIVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JIVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JUXTAPID	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JUXTAPID	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JYNARQUE	EXCLUDED	National Performance Formulary
JYNARQUE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KADCYLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KADCYLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KALBITOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KALBITOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KALYDECO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KALYDECO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KANJINTI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KANJINTI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KANUMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KANUMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEPIVANCE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KEPIVANCE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KESIMPTA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KESIMPTA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEVEYIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KEVEYIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEVZARA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KEVZARA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEYTRUDA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KEYTRUDA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KHAPZORY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KHAPZORY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KIMMTRAK	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KIMMTRAK	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KINERET	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KINERET	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KISQALI	ORAL-CHEMO	Blue Cross Formulary
KISQALI	ORAL-CHEMO	National Performance Formulary
KITABIS	EXCLUDED	National Performance Formulary
KITABIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KOATE-DVI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOATE-DVI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KOGENATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOGENATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KORLYM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KORLYM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KORSUVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KORSUVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KOSELUGO	ORAL-CHEMO	Blue Cross Formulary
KOSELUGO	ORAL-CHEMO	National Performance Formulary
KOVALTRY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOVALTRY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KRYSTEXXA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KRYSTEXXA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KUVAN	EXCLUDED	Blue Cross Formulary
KUVAN	EXCLUDED	National Performance Formulary
KYMRIAH	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KYMRIAH	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KYNMOBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KYNMOBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KYPROLIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KYPROLIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LAMIVUDINE	GENERIC-SPECIALTY	Blue Cross Formulary
LAMIVUDINE	GENERIC-SPECIALTY	National Performance Formulary
LANREOTIDE	EXCLUDED	National Performance Formulary
LANREOTIDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LAPATINIB	ORAL-CHEMO	Blue Cross Formulary
LAPATINIB	ORAL-CHEMO	National Performance Formulary
LEDIP-SOFOSB	EXCLUDED	National Performance Formulary
LEDIP-SOFOSB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LEMTRADA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LEMTRADA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LENALIDOMIDE	ORAL-CHEMO	Blue Cross Formulary
LENALIDOMIDE	ORAL-CHEMO	National Performance Formulary
LENVIMA	ORAL-CHEMO	Blue Cross Formulary

LENVIMA	ORAL-CHEMO	National Performance Formulary
LETAIRIS	EXCLUDED	Blue Cross Formulary
LETAIRIS	EXCLUDED	National Performance Formulary
LEUKINE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LEUKINE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LEUPROLIDE	GENERIC-SPECIALTY	Blue Cross Formulary
LEUPROLIDE	GENERIC-SPECIALTY	National Performance Formulary
LEVOLEUCOVOR	GENERIC-SPECIALTY	Blue Cross Formulary
LEVOLEUCOVOR	GENERIC-SPECIALTY	National Performance Formulary
LIBTAYO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LIBTAYO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LIVMARLI	EXCLUDED	National Performance Formulary
LIVMARLI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LIVTENCITY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LIVTENCITY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LONSURF	ORAL-CHEMO	Blue Cross Formulary
LONSURF	ORAL-CHEMO	National Performance Formulary
LORBRENA	ORAL-CHEMO	Blue Cross Formulary
LORBRENA	ORAL-CHEMO	National Performance Formulary
LOVENOX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LOVENOX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUCENTIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUCENTIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUMAKRAS	ORAL-CHEMO	Blue Cross Formulary
LUMAKRAS	ORAL-CHEMO	National Performance Formulary
LUMIZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUMIZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUMOXITI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUMOXITI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPKYNIS	EXCLUDED	National Performance Formulary
LUPKYNIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPRON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPRON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPRON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPRON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUXTURNA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUXTURNA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LYNPARZA	ORAL-CHEMO	Blue Cross Formulary
LYNPARZA	ORAL-CHEMO	National Performance Formulary
LYTGOBI	EXCLUDED	Blue Cross Formulary
LYTGOBI	EXCLUDED	National Performance Formulary
MAKENA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAKENA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MARGENZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MARGENZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MATULANE	ORAL-CHEMO	Blue Cross Formulary
MATULANE	ORAL-CHEMO	National Performance Formulary
MAVENCLAD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAVENCLAD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MAVYRET	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAVYRET	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MAYZENT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAYZENT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MEKINIST	ORAL-CHEMO	Blue Cross Formulary
MEKINIST	ORAL-CHEMO	National Performance Formulary
MEKTOVI	ORAL-CHEMO	Blue Cross Formulary
MEKTOVI	ORAL-CHEMO	National Performance Formulary
MELPHALAN	GENERIC-SPECIALTY	Blue Cross Formulary
MELPHALAN	GENERIC-SPECIALTY	National Performance Formulary
MELPHALAN	ORAL-CHEMO	Blue Cross Formulary
MELPHALAN	ORAL-CHEMO	National Performance Formulary
MENOPUR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MENOPUR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MEPSEVII	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MEPSEVII	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MESNA	GENERIC-SPECIALTY	Blue Cross Formulary
MESNA	GENERIC-SPECIALTY	National Performance Formulary
MESNEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MESNEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MESNEX	ORAL-CHEMO	Blue Cross Formulary
MESNEX	ORAL-CHEMO	National Performance Formulary
MICRHOGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

MICRHOGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MIGLUSTAT	GENERIC-SPECIALTY	Blue Cross Formulary
MIGLUSTAT	GENERIC-SPECIALTY	National Performance Formulary
MIRCERA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MIRCERA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MITOMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
MITOMYCIN	GENERIC-SPECIALTY	National Performance Formulary
MITOMYCIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MITOMYCIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MITOXANTRON	GENERIC-SPECIALTY	Blue Cross Formulary
MITOXANTRON	GENERIC-SPECIALTY	National Performance Formulary
MONJUVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MONJUVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MONOVISC	EXCLUDED	National Performance Formulary
MONOVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MOZOBIL	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MOZOBIL	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MULPLETA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MULPLETA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MUTAMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
MUTAMYCIN	GENERIC-SPECIALTY	National Performance Formulary
MVASI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MVASI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYALEPT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYALEPT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYCAPSSA	EXCLUDED	National Performance Formulary
MYCAPSSA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYCOPHENOLAT	GENERIC-SPECIALTY	Blue Cross Formulary
MYCOPHENOLAT	GENERIC-SPECIALTY	National Performance Formulary
MYCOPHENOLIC	GENERIC-SPECIALTY	Blue Cross Formulary
MYCOPHENOLIC	GENERIC-SPECIALTY	National Performance Formulary
MYFORTIC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYFORTIC	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYLOTARG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYLOTARG	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYOBLOC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYOBLOC	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NAGLAZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NAGLAZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NATPARA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NATPARA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NELARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
NELARABINE	GENERIC-SPECIALTY	National Performance Formulary
NEORAL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NEORAL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NERLYNX	ORAL-CHEMO	Blue Cross Formulary
NERLYNX	ORAL-CHEMO	National Performance Formulary
NEULASTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NEULASTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NEUPOGEN	EXCLUDED	National Performance Formulary
NEUPOGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NEXAVAR	ORAL-CHEMO	Blue Cross Formulary
NEXAVAR	ORAL-CHEMO	National Performance Formulary
NEXVIAZYME	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NEXVIAZYME	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NILANDRON	ORAL-CHEMO	Blue Cross Formulary
NILANDRON	ORAL-CHEMO	National Performance Formulary
NILUTAMIDE	ORAL-CHEMO	Blue Cross Formulary
NILUTAMIDE	ORAL-CHEMO	National Performance Formulary
NINLARO	ORAL-CHEMO	Blue Cross Formulary
NINLARO	ORAL-CHEMO	National Performance Formulary
NIPENT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NIPENT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NITISINONE	GENERIC-SPECIALTY	Blue Cross Formulary
NITISINONE	GENERIC-SPECIALTY	National Performance Formulary
NITYR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NITYR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NIVESTYM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NIVESTYM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NORDITROPIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NORDITROPIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NORTHERA	EXCLUDED	Blue Cross Formulary
NORTHERA	EXCLUDED	National Performance Formulary
NOVAREL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NOVAREL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NOVOEIGHT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

NOVOEIGHT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NOVOSEVEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NOVOSEVEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NPLATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NPLATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NUBEQA	ORAL-CHEMO	Blue Cross Formulary
NUBEQA	ORAL-CHEMO	National Performance Formulary
NUCALA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUCALA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NULIBRY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NULIBRY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NULOJIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NULOJIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NUTROPIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUTROPIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NUWIQ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUWIQ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NYVEPRIA	EXCLUDED	National Performance Formulary
NYVEPRIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OBIZUR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OBIZUR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCALIVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OCALIVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCREVUS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OCREVUS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCTAGAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OCTAGAM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCTREOTIDE	GENERIC-SPECIALTY	Blue Cross Formulary
OCTREOTIDE	GENERIC-SPECIALTY	National Performance Formulary
ODOMZO	ORAL-CHEMO	Blue Cross Formulary
ODOMZO	ORAL-CHEMO	National Performance Formulary
OFEV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OFEV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OGIVRI	EXCLUDED	National Performance Formulary
OGIVRI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OLUMIANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OLUMIANT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OMNITROPE	EXCLUDED	National Performance Formulary
OMNITROPE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONCASPAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONCASPAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ONIVYDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONIVYDE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ONPATTRO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONPATTRO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ONTRUZANT	EXCLUDED	National Performance Formulary
ONTRUZANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONUREG	ORAL-CHEMO	Blue Cross Formulary
ONUREG	ORAL-CHEMO	National Performance Formulary
OPDIVO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OPDIVO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OPDUALAG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OPDUALAG	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OPSUMIT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OPSUMIT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORENCIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORENCIA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORENITRAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORENITRAM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORFADIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORFADIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORGOVYX	ORAL-CHEMO	Blue Cross Formulary
ORGOVYX	ORAL-CHEMO	National Performance Formulary
ORKAMBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORKAMBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORLADEYO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORLADEYO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORTHOVISC	EXCLUDED	National Performance Formulary
ORTHOVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OTEZLA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OTEZLA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OVIDREL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OVIDREL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OXALIPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
OXALIPLATIN	GENERIC-SPECIALTY	National Performance Formulary
OXBRYTA	EXCLUDED	National Performance Formulary

OXBRYTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OXERVATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OXERVATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OXLUMO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OXLUMO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OZURDEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OZURDEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PACLITAXEL	GENERIC-SPECIALTY	Blue Cross Formulary
PACLITAXEL	GENERIC-SPECIALTY	National Performance Formulary
PACLITAXEL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PACLITAXEL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PADCEV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PADCEV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PALFORZIA	EXCLUDED	National Performance Formulary
PALFORZIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PALYNZIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PALYNZIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PAMIDRONATE	GENERIC-SPECIALTY	Blue Cross Formulary
PAMIDRONATE	GENERIC-SPECIALTY	National Performance Formulary
PANHEMATIN	EXCLUDED	Blue Cross Formulary
PANHEMATIN	EXCLUDED	National Performance Formulary
PANZYGA	EXCLUDED	National Performance Formulary
PANZYGA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PARAPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
PARAPLATIN	GENERIC-SPECIALTY	National Performance Formulary
PARSABIV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PARSABIV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PEGASYS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PEGASYS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PEMAZYRE	EXCLUDED	National Performance Formulary
PEMAZYRE	ORAL-CHEMO	Blue Cross Formulary
PEMETREXED	GENERIC-SPECIALTY	Blue Cross Formulary
PEMETREXED	GENERIC-SPECIALTY	National Performance Formulary
PEMETREXED	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PEMETREXED	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PEMFEXY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PEMFEXY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PENICILLAMIN	EXCLUDED	National Performance Formulary
PENICILLAMIN	GENERIC-SPECIALTY	Blue Cross Formulary
PENICILLAMIN	GENERIC-SPECIALTY	National Performance Formulary
PERJETA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PERJETA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PHEBURANE	EXCLUDED	Blue Cross Formulary
PHEBURANE	EXCLUDED	National Performance Formulary
PHENYLBUTYRA	GENERIC-SPECIALTY	Blue Cross Formulary
PHENYLBUTYRA	GENERIC-SPECIALTY	National Performance Formulary
PHESGO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PHESGO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PHOTOFRIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PHOTOFRIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PIQRAY	ORAL-CHEMO	Blue Cross Formulary
PIQRAY	ORAL-CHEMO	National Performance Formulary
PIRFENIDONE	GENERIC-SPECIALTY	Blue Cross Formulary
PIRFENIDONE	GENERIC-SPECIALTY	National Performance Formulary
PLEGRIDY	EXCLUDED	National Performance Formulary
PLEGRIDY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
POLIVY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
POLIVY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
POMALYST	ORAL-CHEMO	Blue Cross Formulary
POMALYST	ORAL-CHEMO	National Performance Formulary
PONVORY	EXCLUDED	National Performance Formulary
PONVORY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PORTRAZZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PORTRAZZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
POTELIGEO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
POTELIGEO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PREGNYL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PREGNYL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PREVMIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PREVMIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PRIALT	EXCLUDED	Blue Cross Formulary
PRIALT	EXCLUDED	National Performance Formulary
PRIVIGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PRIVIGEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROCRIT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROCRIT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary

PROCYSBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROCYSBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROFILNINE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROFILNINE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROGRAF	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROGRAF	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROLASTIN-C	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROLASTIN-C	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROLEUKIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROLEUKIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROLIA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROLIA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROMACTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROMACTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROVENGE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROVENGE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PULMOZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PULMOZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PURIXAN	ORAL-CHEMO	Blue Cross Formulary
PURIXAN	ORAL-CHEMO	National Performance Formulary
PYRIMETHAMIN	GENERIC-SPECIALTY	Blue Cross Formulary
PYRIMETHAMIN	GENERIC-SPECIALTY	National Performance Formulary
PYRUKYND	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PYRUKYND	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
QINLOCK	ORAL-CHEMO	Blue Cross Formulary
QINLOCK	ORAL-CHEMO	National Performance Formulary
RADICAVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RADICAVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RAPAMUNE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RAPAMUNE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RAVICTI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RAVICTI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REBIF	EXCLUDED	National Performance Formulary
REBIF	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REBINYN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REBINYN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REBLOZYL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REBLOZYL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RECLAST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RECLAST	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RECOMBINATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RECOMBINATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RECORLEV	EXCLUDED	National Performance Formulary
RECORLEV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RELEUKO	EXCLUDED	Blue Cross Formulary
RELEUKO	EXCLUDED	National Performance Formulary
RELYVRIO	EXCLUDED	Blue Cross Formulary
RELYVRIO	EXCLUDED	National Performance Formulary
REMICADE	EXCLUDED	National Performance Formulary
REMICADE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REMODULIN	EXCLUDED	National Performance Formulary
REMODULIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RENFLEXIS	EXCLUDED	National Performance Formulary
RENFLEXIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RETACRIT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RETACRIT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RETEVMO	ORAL-CHEMO	Blue Cross Formulary
RETEVMO	ORAL-CHEMO	National Performance Formulary
RETHYMIC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RETHYMIC	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RETISERT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RETISERT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REVATIO	EXCLUDED	Blue Cross Formulary
REVATIO	EXCLUDED	National Performance Formulary
REVATIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REVATIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REVCovi	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REVCovi	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REVLIMID	ORAL-CHEMO	Blue Cross Formulary
REVLIMID	ORAL-CHEMO	National Performance Formulary
REZUROCK	EXCLUDED	National Performance Formulary
REZUROCK	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RHOGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RHOGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RIABNI	EXCLUDED	National Performance Formulary
RIABNI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

RIASTAP	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RIASTAP	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RIBAVIRIN	GENERIC-SPECIALTY	Blue Cross Formulary
RIBAVIRIN	GENERIC-SPECIALTY	National Performance Formulary
RIDAURA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RIDAURA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RINVOQ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RINVOQ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RITUXAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RITUXAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RIXUBIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RIXUBIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ROLVEDON	EXCLUDED	Blue Cross Formulary
ROLVEDON	EXCLUDED	National Performance Formulary
ROMIDEPSIN	GENERIC-SPECIALTY	Blue Cross Formulary
ROMIDEPSIN	GENERIC-SPECIALTY	National Performance Formulary
ROMIDEPSIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ROMIDEPSIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ROZLYTREK	ORAL-CHEMO	Blue Cross Formulary
ROZLYTREK	ORAL-CHEMO	National Performance Formulary
RUBRACA	EXCLUDED	National Performance Formulary
RUBRACA	ORAL-CHEMO	Blue Cross Formulary
RUCONEST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RUCONEST	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RUXIENCE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RUXIENCE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RYBREVANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RYBREVANT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RYDAPT	ORAL-CHEMO	Blue Cross Formulary
RYDAPT	ORAL-CHEMO	National Performance Formulary
RYLAZE	EXCLUDED	National Performance Formulary
RYLAZE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RYPLAZIM	EXCLUDED	Blue Cross Formulary
RYPLAZIM	EXCLUDED	National Performance Formulary
SABRIL	EXCLUDED	Blue Cross Formulary
SABRIL	EXCLUDED	National Performance Formulary
SAIZEN	EXCLUDED	National Performance Formulary
SAIZEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAIZENPREP	EXCLUDED	National Performance Formulary
SAIZENPREP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAJAZIR	GENERIC-SPECIALTY	Blue Cross Formulary
SAJAZIR	GENERIC-SPECIALTY	National Performance Formulary
SAMSCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAMSCA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDIMMUNE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDIMMUNE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDIMMUNE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDIMMUNE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDOSTATIN	EXCLUDED	Blue Cross Formulary
SANDOSTATIN	EXCLUDED	National Performance Formulary
SANDOSTATIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDOSTATIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SAPHNELO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAPHNELO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SAPROPTERIN	GENERIC-SPECIALTY	Blue Cross Formulary
SAPROPTERIN	GENERIC-SPECIALTY	National Performance Formulary
SARCLISA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SARCLISA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SCEMBLIX	ORAL-CHEMO	Blue Cross Formulary
SCEMBLIX	ORAL-CHEMO	National Performance Formulary
SCENESSE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SCENESSE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SEROSTIM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SEROSTIM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SEVENFACT	EXCLUDED	National Performance Formulary
SEVENFACT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SIGNIFOR	EXCLUDED	National Performance Formulary
SIGNIFOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SIGNIFOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SILDENAFIL	GENERIC-SPECIALTY	Blue Cross Formulary
SILDENAFIL	GENERIC-SPECIALTY	National Performance Formulary
SILIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SILIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SIMPONI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SIMPONI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SIROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary

SIROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
SKYRIZI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SKYRIZI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SKYSONA	EXCLUDED	Blue Cross Formulary
SKYSONA	EXCLUDED	National Performance Formulary
SKYTROFA	EXCLUDED	National Performance Formulary
SKYTROFA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SODIUM	GENERIC-SPECIALTY	Blue Cross Formulary
SODIUM	GENERIC-SPECIALTY	National Performance Formulary
SOFOS/VELPAT	EXCLUDED	National Performance Formulary
SOFOS/VELPAT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOLESTA	EXCLUDED	Blue Cross Formulary
SOLESTA	EXCLUDED	National Performance Formulary
SOLIRIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOLIRIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SOMATULINE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOMATULINE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SOMAVERT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOMAVERT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SORAFENIB	ORAL-CHEMO	Blue Cross Formulary
SORAFENIB	ORAL-CHEMO	National Performance Formulary
SOTYKTU	EXCLUDED	Blue Cross Formulary
SOTYKTU	EXCLUDED	National Performance Formulary
SOVALDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOVALDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SPEVIGO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SPEVIGO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SPINRAZA	EXCLUDED	Blue Cross Formulary
SPINRAZA	EXCLUDED	National Performance Formulary
SPRAVATO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SPRAVATO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SPRYCEL	ORAL-CHEMO	Blue Cross Formulary
SPRYCEL	ORAL-CHEMO	National Performance Formulary
STELARA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
STELARA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
STIVARGA	ORAL-CHEMO	Blue Cross Formulary
STIVARGA	ORAL-CHEMO	National Performance Formulary
STRENSIQ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
STRENSIQ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUBLOCADE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUBLOCADE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUCRAID	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUCRAID	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUNITINIB	ORAL-CHEMO	Blue Cross Formulary
SUNITINIB	ORAL-CHEMO	National Performance Formulary
SUPARTZ	EXCLUDED	National Performance Formulary
SUPARTZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUPPRELIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUPPRELIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUSVIMO	EXCLUDED	Blue Cross Formulary
SUSVIMO	EXCLUDED	National Performance Formulary
SUSVIMO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUSVIMO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUTENT	EXCLUDED	National Performance Formulary
SUTENT	ORAL-CHEMO	Blue Cross Formulary
SYLVANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYLVANT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYMDEKO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYMDEKO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYNAGIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYNAGIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYNOJOYNT	EXCLUDED	National Performance Formulary
SYNOJOYNT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYNRIBO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYNRIBO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYNVISC	EXCLUDED	National Performance Formulary
SYNVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYPRINE	EXCLUDED	Blue Cross Formulary
SYPRINE	EXCLUDED	National Performance Formulary
TABLOID	ORAL-CHEMO	Blue Cross Formulary
TABLOID	ORAL-CHEMO	National Performance Formulary
TABRECTA	ORAL-CHEMO	Blue Cross Formulary
TABRECTA	ORAL-CHEMO	National Performance Formulary
TACROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
TACROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
TADALAFIL	GENERIC-SPECIALTY	Blue Cross Formulary

TADALAFIL	GENERIC-SPECIALTY	National Performance Formulary
TADLIQ	EXCLUDED	Blue Cross Formulary
TADLIQ	EXCLUDED	National Performance Formulary
TAFINLAR	ORAL-CHEMO	Blue Cross Formulary
TAFINLAR	ORAL-CHEMO	National Performance Formulary
TAGRISSO	ORAL-CHEMO	Blue Cross Formulary
TAGRISSO	ORAL-CHEMO	National Performance Formulary
TAKHZYRO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TAKHZYRO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TALTZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TALTZ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TALZENNA	EXCLUDED	National Performance Formulary
TALZENNA	ORAL-CHEMO	Blue Cross Formulary
TARCEVA	EXCLUDED	Blue Cross Formulary
TARCEVA	EXCLUDED	National Performance Formulary
TARGETIN	EXCLUDED	Blue Cross Formulary
TARGETIN	EXCLUDED	National Performance Formulary
TARGETIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TARGETIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TARPEYO	EXCLUDED	National Performance Formulary
TARPEYO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TASIGNA	ORAL-CHEMO	Blue Cross Formulary
TASIGNA	ORAL-CHEMO	National Performance Formulary
TAVALISSE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TAVALISSE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TAVNEOS	EXCLUDED	National Performance Formulary
TAVNEOS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TAZVERIK	EXCLUDED	National Performance Formulary
TAZVERIK	ORAL-CHEMO	Blue Cross Formulary
TECARTUS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TECARTUS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TECENTRIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TECENTRIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TECFIDERA	EXCLUDED	Blue Cross Formulary
TECFIDERA	EXCLUDED	National Performance Formulary
TECVAYLI	EXCLUDED	Blue Cross Formulary
TECVAYLI	EXCLUDED	National Performance Formulary
TEGSEDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEGSEDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEMODAR	EXCLUDED	Blue Cross Formulary
TEMODAR	EXCLUDED	National Performance Formulary
TEMODAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEMODAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEMOZOLOMIDE	ORAL-CHEMO	Blue Cross Formulary
TEMOZOLOMIDE	ORAL-CHEMO	National Performance Formulary
TEMSIROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
TEMSIROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
TEPADINA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEPADINA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEPEZZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEPEZZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEPMETKO	EXCLUDED	National Performance Formulary
TEPMETKO	ORAL-CHEMO	Blue Cross Formulary
TERIPARATIDE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TERIPARATIDE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TETRABENAZIN	GENERIC-SPECIALTY	Blue Cross Formulary
TETRABENAZIN	GENERIC-SPECIALTY	National Performance Formulary
TEZSPIRE	EXCLUDED	National Performance Formulary
TEZSPIRE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
THALOMID	ORAL-CHEMO	Blue Cross Formulary
THALOMID	ORAL-CHEMO	National Performance Formulary
THIOLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
THIOLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
THIOTEPA	GENERIC-SPECIALTY	Blue Cross Formulary
THIOTEPA	GENERIC-SPECIALTY	National Performance Formulary
THROMBAT	EXCLUDED	Blue Cross Formulary
THROMBAT	EXCLUDED	National Performance Formulary
THYROGEN	EXCLUDED	Blue Cross Formulary
THYROGEN	EXCLUDED	National Performance Formulary
TIBSOVO	ORAL-CHEMO	Blue Cross Formulary
TIBSOVO	ORAL-CHEMO	National Performance Formulary
TICE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TICE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TIOPRONIN	GENERIC-SPECIALTY	Blue Cross Formulary
TIOPRONIN	GENERIC-SPECIALTY	National Performance Formulary
TIVDAK	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

TIVDAK	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TOBI	EXCLUDED	Blue Cross Formulary
TOBI	EXCLUDED	National Performance Formulary
TOBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TOBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TOBRAMYCIN	EXCLUDED	National Performance Formulary
TOBRAMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
TOBRAMYCIN	GENERIC-SPECIALTY	National Performance Formulary
TOBRAMYCIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TOLVAPTAN	GENERIC-SPECIALTY	Blue Cross Formulary
TOLVAPTAN	GENERIC-SPECIALTY	National Performance Formulary
TOPOSAR	GENERIC-SPECIALTY	Blue Cross Formulary
TOPOSAR	GENERIC-SPECIALTY	National Performance Formulary
TOPOTECAN	GENERIC-SPECIALTY	Blue Cross Formulary
TOPOTECAN	GENERIC-SPECIALTY	National Performance Formulary
TORISEL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TORISEL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TOTECT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TOTECT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRACLEER	EXCLUDED	Blue Cross Formulary
TRACLEER	EXCLUDED	National Performance Formulary
TRACLEER	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRACLEER	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRAZIMERA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRAZIMERA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TREANDA	EXCLUDED	National Performance Formulary
TREANDA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRELSTAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRELSTAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TREMFYA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TREMFYA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TREPROSTINIL	GENERIC-SPECIALTY	Blue Cross Formulary
TREPROSTINIL	GENERIC-SPECIALTY	National Performance Formulary
TRETINOIN	ORAL-CHEMO	Blue Cross Formulary
TRETINOIN	ORAL-CHEMO	National Performance Formulary
TRETEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRETEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRIENTINE	GENERIC-SPECIALTY	Blue Cross Formulary
TRIENTINE	GENERIC-SPECIALTY	National Performance Formulary
TRIKAFTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRIKAFTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRILURON	EXCLUDED	National Performance Formulary
TRILURON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRIPTODUR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRIPTODUR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRISENOX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRISENOX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRIVISC	EXCLUDED	National Performance Formulary
TRIVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRODELVY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRODELVY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRUSELTIQ	ORAL-CHEMO	Blue Cross Formulary
TRUSELTIQ	ORAL-CHEMO	National Performance Formulary
TRUXIMA	EXCLUDED	National Performance Formulary
TRUXIMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TUKYSA	ORAL-CHEMO	Blue Cross Formulary
TUKYSA	ORAL-CHEMO	National Performance Formulary
TURALIO	ORAL-CHEMO	Blue Cross Formulary
TURALIO	ORAL-CHEMO	National Performance Formulary
TYKERB	EXCLUDED	Blue Cross Formulary
TYKERB	EXCLUDED	National Performance Formulary
TYMLOS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TYMLOS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TYSABRI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TYSABRI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TYVASO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TYVASO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UDENYCA	EXCLUDED	National Performance Formulary
UDENYCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ULTOMIRIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ULTOMIRIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UNITUXIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
UNITUXIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UPLIZNA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
UPLIZNA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UPTRAVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

UPTRAVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VABYSMO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VABYSMO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VALCHLOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VALCHLOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VALRUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
VALRUBICIN	GENERIC-SPECIALTY	National Performance Formulary
VALSTAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VALSTAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VECTIBIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VECTIBIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VELCADE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VELCADE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VELETRI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VELETRI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VEMLIDY	EXCLUDED	National Performance Formulary
VEMLIDY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VENCLEXTA	ORAL-CHEMO	Blue Cross Formulary
VENCLEXTA	ORAL-CHEMO	National Performance Formulary
VENTAVIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VENTAVIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VERZENIO	ORAL-CHEMO	Blue Cross Formulary
VERZENIO	ORAL-CHEMO	National Performance Formulary
VIDAZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIDAZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIEKIRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIEKIRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIGABATRIN	GENERIC-SPECIALTY	Blue Cross Formulary
VIGABATRIN	GENERIC-SPECIALTY	National Performance Formulary
VIGADRONE	GENERIC-SPECIALTY	Blue Cross Formulary
VIGADRONE	GENERIC-SPECIALTY	National Performance Formulary
VIOICE	EXCLUDED	National Performance Formulary
VIOICE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VILTEPSO	EXCLUDED	National Performance Formulary
VILTEPSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIMIZIM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIMIZIM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VINBLASTINE	GENERIC-SPECIALTY	Blue Cross Formulary
VINBLASTINE	GENERIC-SPECIALTY	National Performance Formulary
VINCASAR	GENERIC-SPECIALTY	Blue Cross Formulary
VINCASAR	GENERIC-SPECIALTY	National Performance Formulary
VINCRISTINE	GENERIC-SPECIALTY	Blue Cross Formulary
VINCRISTINE	GENERIC-SPECIALTY	National Performance Formulary
VINORELBINE	GENERIC-SPECIALTY	Blue Cross Formulary
VINORELBINE	GENERIC-SPECIALTY	National Performance Formulary
VISCO-3	EXCLUDED	National Performance Formulary
VISCO-3	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VISUDYNE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VISUDYNE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VITRAKVI	ORAL-CHEMO	Blue Cross Formulary
VITRAKVI	ORAL-CHEMO	National Performance Formulary
VIVITROL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIVITROL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIZIMPRO	ORAL-CHEMO	Blue Cross Formulary
VIZIMPRO	ORAL-CHEMO	National Performance Formulary
VONJO	ORAL-CHEMO	Blue Cross Formulary
VONJO	ORAL-CHEMO	National Performance Formulary
VONVENDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VONVENDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VOSEVI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VOSEVI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VOTRIENT	ORAL-CHEMO	Blue Cross Formulary
VOTRIENT	ORAL-CHEMO	National Performance Formulary
VOXZOGO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VOXZOGO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VPRIV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VPRIV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VUMERITY	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VUMERITY	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYNDAMAX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYNDAMAX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYNDAQEL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYNDAQEL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYONDYS	EXCLUDED	National Performance Formulary
VYONDYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYVGART	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

VYVGART	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYXEOS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYXEOS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
WAKIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
WAKIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
WELIREG	ORAL-CHEMO	Blue Cross Formulary
WELIREG	ORAL-CHEMO	National Performance Formulary
WILATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
WILATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
WINRHO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
WINRHO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XALKORI	ORAL-CHEMO	Blue Cross Formulary
XALKORI	ORAL-CHEMO	National Performance Formulary
XELJANZ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XELJANZ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XELODA	EXCLUDED	Blue Cross Formulary
XELODA	EXCLUDED	National Performance Formulary
XEMBIFY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XEMBIFY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XENAZINE	EXCLUDED	Blue Cross Formulary
XENAZINE	EXCLUDED	National Performance Formulary
XENPOZYME	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XENPOZYME	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XEOMIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XEOMIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XERMELO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XERMELO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XGEVA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XGEVA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XIAFLEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XIAFLEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XOLAIR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XOLAIR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XOSPATA	ORAL-CHEMO	Blue Cross Formulary
XOSPATA	ORAL-CHEMO	National Performance Formulary
XPOVIO	ORAL-CHEMO	Blue Cross Formulary
XPOVIO	ORAL-CHEMO	National Performance Formulary
XTANDI	ORAL-CHEMO	Blue Cross Formulary
XTANDI	ORAL-CHEMO	National Performance Formulary
XURIDEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XURIDEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XYNTHA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XYNTHA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XYREM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XYREM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XYWAV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XYWAV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YERVOY	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
YERVOY	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YESCARTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
YESCARTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YONDELIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
YONDELIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YONSA	EXCLUDED	National Performance Formulary
YONSA	ORAL-CHEMO	Blue Cross Formulary
YUTIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
YUTIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZALTRAP	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZALTRAP	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZANOSAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZANOSAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZARXIO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZARXIO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZAVESCA	EXCLUDED	Blue Cross Formulary
ZAVESCA	EXCLUDED	National Performance Formulary
ZEJULA	ORAL-CHEMO	Blue Cross Formulary
ZEJULA	ORAL-CHEMO	National Performance Formulary
ZELBORAF	ORAL-CHEMO	Blue Cross Formulary
ZELBORAF	ORAL-CHEMO	National Performance Formulary
ZEMAIRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEMAIRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEPATIER	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEPATIER	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEPOSIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEPOSIA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEPZELCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

ZEPZELCA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEVALIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEVALIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZIEXTENZO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZIEXTENZO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZIRABEV	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZIRABEV	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOKINVY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOKINVY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLADEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOLADEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLADEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOLADEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLEDRONIC	GENERIC-SPECIALTY	Blue Cross Formulary
ZOLEDRONIC	GENERIC-SPECIALTY	National Performance Formulary
ZOLGENSMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOLGENSMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLINZA	ORAL-CHEMO	Blue Cross Formulary
ZOLINZA	ORAL-CHEMO	National Performance Formulary
ZOMACTON	EXCLUDED	National Performance Formulary
ZOMACTON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZORBIVE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZORBIVE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZORTRESS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZORTRESS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZTALMY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZTALMY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZULRESSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZULRESSO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZYDELIG	ORAL-CHEMO	Blue Cross Formulary
ZYDELIG	ORAL-CHEMO	National Performance Formulary
ZYKADIA	ORAL-CHEMO	Blue Cross Formulary
ZYKADIA	ORAL-CHEMO	National Performance Formulary
ZYNLONTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZYNLONTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZYNTEGLO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZYNTEGLO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZYTIGA	EXCLUDED	Blue Cross Formulary
ZYTIGA	EXCLUDED	National Performance Formulary

Insurance Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	13627
SERFF Filing Number	BCVT-133676244
Market	Group
Product Name	2024 Blue Cross VT Association Health Plan Rating Program Filing

**Pharmacy Benefit Manager Information<sup>2</sup>**

Please list any pharmacy benefit managers utilized for the following periods. Include additional lines as necessary.

	Experience Period -1		Experience Period		Projection Period	
	01/01/2021-12/31/2021		01/01/2022-12/31/2022		01/01/2024-12/31/2024	
Pharmacy Benefit Manager #1	Express Scripts (ESI)		Optum Rx (ORx)		Optum Rx (ORx)	
Pharmacy Benefit Manager #2	Optum Rx (ORx)					
Pharmacy Benefit Manager #3						
Pharmacy Benefit Manager #4						

For each period, enter the PBM, if applicable, administering pharmacy benefits **at a pharmacy, network pharmacy, or mail-order pharmacy** for each drug tier.

	Experience Period -1		Experience Period		Projection Period	
	01/01/2021-12/31/2021		01/01/2022-12/31/2022		01/01/2024-12/31/2024	
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM	ESI/ORx	ESI/ORx	ORx	ORx	ORx	ORx
Non-Specialty Brand PMPM	ESI/ORx	ESI/ORx	ORx	ORx	ORx	ORx
Specialty PMPM	ESI/ORx	ESI/ORx	ORx	ORx	ORx	ORx

For each period, enter the PBM, if applicable, **administering drug benefits by a health care provider in an outpatient setting as part of the medical benefit as separate from the pharmacy benefit** for each drug tier.

	Experience Period -1		Experience Period		Projection Period	
	01/01/2021-12/31/2021		01/01/2022-12/31/2022		01/01/2024-12/31/2024	
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM	N/A	N/A	N/A	N/A	N/A	N/A
Non-Specialty Brand PMPM	N/A	N/A	N/A	N/A	N/A	N/A
Specialty PMPM	N/A	N/A	N/A	N/A	N/A	N/A

<sup>2</sup> **Vermont Statute 8 V.S.A. § 4062**

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(C) The insurer shall include information on its use of a pharmacy benefit manager, if any, including which components of the prescription drug coverage described in subdivisions (A) and (B) of this subdivision (2) are managed by the pharmacy benefit manager, as well as the name of the pharmacy benefit manager or managers used.